

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90067 024 ***150.00

DOCUMENT # 817595

1. Entity Name
HOMETTE CORPORATION



Principal Place of Business
**2520 BY-PASS ROAD
ELKHART IN 46514-1518**

Mailing Address
**2520 BY-PASS ROAD
ELKHART IN 46514-1518**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0984872**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAND, RONALD
3030 S.W. SILVER SPRINGS BLVD.
OCALA FL 32675**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	PHILIPPSSEN, LINDA R.	
STREET ADDRESS	2520 BYPASS RD	
CITY-ST-ZIP	ELKHART IN	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WEIGAND, JAMES R	
STREET ADDRESS	2520 BY-PASS RD	
CITY-ST-ZIP	ELKHART IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURSCHEL, WILLIAM H	
STREET ADDRESS	2520 BY PASS RD	
CITY-ST-ZIP	ELKHART IN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DERANEK, THOMAS G	
STREET ADDRESS	2520 BY-PASS ROAD	
CITY-ST-ZIP	ELKHART IN 46514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 574-294-6521
Date Daytime Phone #

CR2E034 (10/02)