

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830889

1. Entity Name

HOME BUYING INVESTMENT COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 2469
JUPITER FL 33468
US

PO BOX 2469
JUPITER FL 33468-2469
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-0858128

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCIS V. CHILDS
19000 SE MACK DAIRY RD
JUIPTER FL 33478

Name Francis V. Childs
Street Address (P.O. Box Number is Not Acceptable)
126-Barbados Drive
City Jupiter FL Zip Code 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHILDS, CAROL ☒ Delete
STREET ADDRESS 19000 SE MACK DAIRY RD
CITY-ST-ZIP JUPITER FL

TITLE Francis V. Childs ☒ Change ☐ Addition
NAME
STREET ADDRESS 126-Barbados Drive,
CITY-ST-ZIP Jupiter, Fla 33458

TITLE S
NAME HAMILTON, LOUANN E. ☐ Delete
STREET ADDRESS 3212 GREENWOOD AVE
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Francis V. Childs

Date 1-18-2000 (561) 744-9110

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90026 018 ***150.00

00011100



DO NOT WRITE IN THIS SPACE