

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003496

1. Entity Name

HOMESIDE SOLUTIONS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90265 032 ***150.00

Principal Place of Business

7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

Mailing Address

7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

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 **59-3643444**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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

SIGNATURE

Signature, typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when re-issuing)

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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	CD PICKETT, JOE K 7301 BAYMEADOWS WAY JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO HARRIS, HUGH R 7301 BAYMEADOWS WAY JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RACE, KEVIN D 7301 BAYMEADOWS WAY JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WATKINS, DEBRA F 7301 BAYMEADOWS WAY JACKSONVILLE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Steven W. Scarbrough 7301 Baymeadows Way Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V JAMES JR, PRESTON 7301 BAYMEADOWS WAY JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS JACOBS, ROBERT J 7301 BAYMEADOWS WAY JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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:

Steven W. Scarbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

904-28-3997

Daytime Phone #

CR2E034 (10/00)