

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90024 031 ***150.00

0622868 AV

DOCUMENT # F01000002205

1. Entity Name

HOMENET, INC.

Principal Place of Business

Mailing Address

**4040 CROCKERS LAKE BLVD
 STE 1716
 SARASOTA FL 34238**

**4040 CROCKERS LAKE BLVD
 STE 1716
 SARASOTA FL 34238**

2. Principal Place of Business

3. Mailing Address

707 Shadow Bay Way

707 Shadow Bay Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Osprey

City & State

Osprey

Zip

FL 34207

Country

Zip

34229

Country

4. FEI Number

23-2878377

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

BITER, JESSE

**4040 CROCKERS LAKE BLVD., STE 1716
 SARASOTA FL 34238**

Name

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

707 Shadow Bay Way

City

Osprey

FL

Zip Code

34229

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

3-7-02

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, 2002 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 **PCD** ☐ Delete
 NAME **BITER, JESSE**
 STREET ADDRESS **4040 CROCKERS LAKE BLVD, STE 1716**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **PCD** ☒ Change ☐ Addition
 NAME **Jesse Biter**
 STREET ADDRESS **707 Shadow Bay Way**
 CITY-ST-ZIP **Osprey, FL 34229**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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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

3-7-02

Date

941-918455

Daytime Phone #

CR2E034 (9/01)