

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90139 019 ***158.75

DOCUMENT # F02000003538

1. Entity Name

HOMEFIRST MANAGEMENT, INC.



Principal Place of Business

509-C CANAL ST
NEW SMYRNA BEACH FL 32168

Mailing Address

509-C CANAL ST
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

370 CenterPointe Cir

Suite, Apt. #, etc.

Suite 1184

City & State

Altamonte Springs, FL

Zip
32701

Country
USA

3. Mailing Address

370 CenterPointe Cir

Suite, Apt. #, etc.

Suite 1184

City & State

Altamonte Springs, FL

Zip
32701

Country
USA

4. FEI Number

01-0671836

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOXWORTHY, MICHAEL L

701 S ATLANTIC AVE #23

NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

Name

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

370 CenterPointe

Suite 1184

City

Altamonte Springs

FL

Zip Code
32701

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

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

(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

TITLE	CDPT	<input type="checkbox"/> Delete
NAME	FOXWORTHY, MICHAEL	
STREET ADDRESS	701 SOUTH ATLANTIC AVE #23	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32819	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FOXWORTHY, MICHAEL	
STREET ADDRESS	701 SOUTH ATLANTIC AVE #23	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32819	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	370 CenterPointe Cir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ste. 1184	
STREET ADDRESS		
CITY-ST-ZIP	Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	
NAME	Foxworthy, Annie	
STREET ADDRESS	370 CenterPointe Cir, Ste 1184	
CITY-ST-ZIP	Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)