

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90022 031 \*\*\*150.00

**DOCUMENT # F95000006084**

1. Entity Name  
**2-10 HOME BUYERS WARRANTY OF VIRGINIA, INC.**

Principal Place of Business <b>2305 EAST ATLANTIC BOULEVARD          POMPANO BEACH FL 33062</b>	Mailing Address <b>2305 EAST ATLANTIC BOULEVARD          POMPANO BEACH FL 33062</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6600 NW 16<sup>TH</sup> STREET</b>	3. Mailing Address <b>6600 NW 16<sup>TH</sup> STREET</b>
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Suite, Apt. #, etc. <b>SUITE 1</b>	Suite, Apt. #, etc. <b>SUITE 1</b>
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City & State <b>PLANTATION, FL.</b>	City & State <b>PLANTATION, FL.</b>
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4. FEI Number <b>52-1630113</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33313</b>	Country <b>USA</b>	Zip <b>33313</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**VOORHEES, MARY M  
 2305 EAST ATLANTIC BOULEVARD  
 POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6600 NW 16<sup>TH</sup> STREET SUITE 1**  
**PLANTATION, FL. 33313**  
 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.  
 SIGNATURE **MARY M. VOORHEES** *Mary M. Voorhees* **2/6/01**  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BONHAM, ROBERT Y 1620 EAST LAS OLAS BOULEVARD FT. LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ANGELBELLO, PATRICIA R 609 SW 13TH STREET FT. LAUDERDALE FL 33315</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY MARY M. VOORHEES 1260 SW 5TH COURT BOCA RATON, FL 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER DANIEL BOYLE 12010 NW 23RD ST. PEMBROKE PINES, FL 33026</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary M. Voorhees* **MARY M. VOORHEES** **2/6/01** (954) 585-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)