

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90074 009 ***550.00

0119044 AT

DOCUMENT # F98000003187

1. Entity Name
HOMEWARD BOUND SERVICES, INC.



Principal Place of Business
**DREXEL HILL
699 BURMONT ROAD
DREXEL HILL PA 19026**

Mailing Address
**699 BURMONT ROAD
DREXEL HILL PA 19026**



2. Principal Place of Business
699 BURMONT RD
Suite, Apt. #, etc.

3. Mailing Address
699 BURMONT RD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DREXEL HILL PA
Zip
19026
Country
DELAWARE

City & State
DREXEL HILL PA 19026
Zip
19026
Country
DELAWARE

4. FEI Number **23-2958730** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
Name: **SAME AS PREVIOUS REGISTERED AGENT**
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CORPORATION SERVICE COMPANY (SAME AS ABOVE)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTH, MARC 650 BERMONT ROAD DREXEL HILL PA	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULDOON, TOM 46 JAMES ROAD BROOMALL PA 19008	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TORRES, HIRIAM 1951 RANGERBREAD CIRCLE WARRINGTON PA 18976	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like endorsements.

SIGNATURE: **SIGNATURE OF HIRIAM TORRES, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-888-448-4487

CR2E034 (4/03)