

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000000438**1. Entity Name
HOMEBOUND MORTGAGE, INC.

Principal Place of Business

19 ROOSEVELT HIGHWAY, SUITE 110

COLCHESTER

VT

05446

Mailing Address

19 ROOSEVELT HIGHWAY, SUITE 110

COLCHESTER

VT

05446

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

03-0359234

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUORICA GARY
1906 W. MAIN ST., STE 2

INVERNESS

34452

US

FL

7. Name and Address of New Registered Agent

Name

TUORILA GARY

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

1906 W. MAIN ST., STE 2

City

INVERNESS

FL

Zip Code
34452

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 **GARY W. TUORILA****04/02/2001**

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.
(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

TITLE S ☐ Delete
NAME SEMPREBON SHANE S
STREET ADDRESS 1614 MCGLYNN RD.
CITY-ST-ZIP GRANITEVILLE VTTITLE V ☐ Delete
NAME TUORILA JUDITH C
STREET ADDRESS 674 EVEREST RD.
CITY-ST-ZIP MILTON VTTITLE PCD ☐ Delete
NAME TUORILA GARY W
STREET ADDRESS 674 EVEREST RD.
CITY-ST-ZIP MILTON VTTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition
NAME SEMPREBON SHANE S
STREET ADDRESS A9 701 DORSET ST
CITY-ST-ZIP ST. BURLINGTON VT 05403TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Gary W. Tuorila

Pres

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)