

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90090 033 ***150.00

DOCUMENT # **G-89956**

1. Entity Name

HOME STYLE ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

B0051268

2. Principal Place of Business

19042 N. CONCHO CR

3. Mailing Address

**N. CONCHO CR
19042 ~~32245~~**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUN CITY, AZ

City & State

SUN CITY, AZ

4. FEI Number

59-2372513

Applied For

Not Applicable

Zip

Country

85373 U.S.A.

Zip

Country

85373 U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GORDON E. WILSON J.D.

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

1626 ALGONQUIN TRAIL

City

MAITLAND

FL

Zip Code

32751

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IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **DONALD A. METKE**
STREET ADDRESS **19042 N. CONCHO CIRCLE**
CITY-ST-ZIP **SUN CITY, AZ 85373**

TITLE **SECRETARY**
NAME **JOANNE B. METKE**
STREET ADDRESS **19042 N. CONCHO CIRCLE**
CITY-ST-ZIP **SUN CITY, AZ 85373**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD A. METKE

3/11/02

Daytime Phone #

623-566-4891

CR2E034B (12/01)