## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **H31101** Jun 09, 2000 8:00 am 1. Entity Name Secretary of State HOME ART CONSTRUCTION, INC. 06-09-2000 90001 032 \*\*\*150.00 Principal Place of Business Mailing Address 4410 NE 26TH AVE. 4410 NE 26TH AVE. LIGHTHOUSE POINT FL 33064-7215 LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2472712 Not Applicable Country\_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HART, LINDA L. Street Address (P.O. Box Number is Not Acceptable) 4410 N.E. 26TH AVENUE LIGHTHOUSE POINT FL 33064 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PTD TITLE Delete NAME HART, STEVEN D. NAME STREET ADDRESS STREET ADDRESS 4410 NE 26TH AVE. CITY-ST-7IP CITY-ST-ZIP LIGHTHOUSE POINT FL Change ☐ Addition **VSD** Delete TITLE TITLE HART, LINDA L. NAME NAME STREET ADDRESS STREET ADDRESS 4410 NE 26TH AVE. .CITY-ST-ZIP-CITY-ST-ZIP LIGHTHOUSE POINT FL -☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ice Pres.

4126100 (954)941-039

Daytime Phone #