

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *H59582*

1. Entity Name

Home Masters Construction Corp.,

Principal Place of Business *See changes* Mailing Address

745 C Shamrock Blvd
Venice, FL 34293

PO Box 7069
North Port, FL 34287

2. Principal Place of Business

745 c Shamrock Blvd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7069

Suite, Apt. #, etc.

City & State

Venice, FL 34293

City & State

North Port, FL 34287

Zip

34293

Country

USA

Zip

34287

Country

USA

4. FEI Number

59-2532387

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/12/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Mouhot, Deborah L.
1395 Bayshore Dr
Englewood, FL 34223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
Mouhot, Emile John
1395 Bayshore Dr
Englewood, FL 34223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
see changes

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
see changes

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Deborah L. Mouhot

11/8/01

941-490-4494

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 1:06

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)