FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED
02 FEB -7 AM 9:23

DOCUMENT # H59582

1. Entity Name

Home Masters Construction Corp.

DO NOT WRITE IN THIS SPACE

12/31/01 01049 022 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
745 C Shamrock Blvd Suite, Apt. #, etc.	PO Box 7069 Suite, Apt. #, etc.
City & State: Venice, FL	City & State: North Port, FL
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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mouhot, Emile J.

Street Address (P.O. Box Number is Not Acceptable): 1395 Bayshore Dr

City: Englewood, **FL** Zip Code: 34223

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: EJ. Mouhot 1-25-02 941-492-4494
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	VP	TITLE	
NAME	Mouhot, Deborah L.	NAME	
STREET ADDRESS	1395 Bayshore Dr	STREET ADDRESS	
CITY-ST-ZIP	Englewood, FL 34223	CITY-ST-ZIP	
TITLE	DPTS	TITLE	
NAME	Mouhot, Emile J.	NAME	
STREET ADDRESS	1395 Bayshore Dr	STREET ADDRESS	
CITY-ST-ZIP	Englewood, Fl 34223	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: EJ. Mouhot 1-25-02 941-492-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

2052

Home Masters Construction, Corp.

"Service Is Our Reputation ... Since 1985"

January 8, 2002

Florida Department of State
Attn: Barbara Mitchell, Document Specialist
PO Box 6327
Tallahassee, FL 32314

RE: H59582

To Whom It May Concern:

I am also writing to request the waiver of late fees, because we never received the original Uniform Business Report for year 2001. The mailing address we had at the time, will not forward or return to sender any of our mail.

On December 13, 2001, via Certified Mail, I submitted a completed blank form from your office and payment of $758.75, with all the new information on it. Per my phone conversation of January 7, 2002, I learned that I could have requested the waiver of late fees.

At this writing, I am requesting a refund of $450.00. Which would be $150. for 2001, $8.75 for the Certificate of Status and $150 towards 2002.

Thank you in advance for taking care of this matter for our office. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Emile J. Mouhot
President

EJM/dlm

Enclosures

P.O. Box 7069 • North Port, FL 34287-0069
BUS 941-492-4494 • FAX 941-492-4495 • USA 800-330-2028
website & email @ www.homemastersconstruction.com
Emile J. "E.J." Mouhot, Owner & Contractor. St.Cert.Lic.#CB C033157