

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H64534

FILED  
Apr 05, 2002 8:00 AM  
Secretary of State

Entity Name: HOMEOWNERS LISTING SERVICES, INC.

**Current Principal Place of Business:**

% STEPHEN G. SEWELL  
907 WEBSTER STREET  
LEESBURG, FL 34731 US

**New Principal Place of Business:**

3420 U S HWY 441-27  
FRUITLAND PARK, FL 34731 US

**Current Mailing Address:**

% STEPHEN G. SEWELL  
907 WEBSTER STREET  
LEESBURG, FL 34748

**New Mailing Address:**

3420 U S HWY 441-27  
FRUITLAND PARK, FL 34731

FEI Number: 59-2580897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SEWELL, STEPHEN G., ESQ.  
907 WEBSTER STREET  
LEESBURG, FL 34748 US

**Name and Address of New Registered Agent:**

PILKINGTON, SONDRAS PST  
3420 U S HWY 441-27  
FRUITLAND PARK, FL 34731 US

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: SONDRASUE PILKINGTON

04/05/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: PILKINGTON, SONDRAS, UE  
Address: 3420 US HWY #441-27  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: PILKINGTON, SONDRAS, UE  
Address: 3420 US HWY 441-27  
City-St-Zip: FRUITLAND PARK, FL 34731 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDRASUE PILKINGTON

PST

04/05/2002

Electronic Signature of Signing Officer or Director

Date