## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H93135 **DOCUMENT#**



FILED Jan 16, 2003 8:00 am Secretary of State

U.S., HOME OF FLORIDA REALTY, INC.								01-1	6-2003 90	092 040	, 13	J.00
•	ice of Business MYRTLE AVE R FL 34616	1265	Mailing Address 1265 SOUTH MYRTLE AVE CLEARWATER FL 34616				T 1881 BILL OLDE TRIOR THIRD LITER ONLY DIGHT ONLY BLOTH BLOTH BLOTH BLOTH FROM FRAN					
2. Principal	Place of Business	3. Mai	3. Mailing Address									
Suite, Apt	t. #, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					;
City & Sta	ate	City	City & State				4. FEI Number 59-2678032				Applied For Not Applicable	
Zip	Country	Zip		Соиг	ntry			icate of Status I			<b>8.75</b> Ad e Require	ditional ed
	6. Name and Address of Curre	nt Registere	ed Agent		Name		7. Name	and Address	of New Regi	stered Ag	ent	
RIVES, HOWARD P. III					<u> </u>				:			
1265 SOL		Street Address (P.0			P.O. Box Nu	umber is Not A	ceptable)					
CLEARWA				<del></del>	<del></del>							
					City		7		: I	FL	Zip Coo	
8. The above	e named entity submits this statement	for the purp	ose of changing its	egister	ed office or r	egistere	ed agent, o	or both, in the S	ate of Florida	. I am fan	niliar with,	and accept
the obliga	tions of registered agent.						110	-/-	)			
SIGNATURE	Howard P. Rives Signature, typed or printed name of registered age		1 /h/	<u>//</u> /	" ( <u>e</u>	<u>^ (</u>	100	chai	,ge/		7/03	
	<del></del>	ent and title if appl	licable. (NOTE:	Registere	d Agent signature	e required v	when reinstating	g)	<u>/                                    </u>	DATE		
	TLE NOW!!! FEE IS \$150.00	. ]					9	. Election Cam	paign Financ	ina	\$5.0	00 May Be
	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department							Trust Fund C				d to Fees
10.	OFFICERS AN		RS .	11.			ADDITIC	ONS/CHANGES	TO OFFICE	BS AND D	IDECTOR	S IN 11
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	partify that the information according	th this fill	doop not mustice them.		ST-ZIP			7/0\/\\ \tau \cdots \cdots \cdots				
indicated	pertify that the information supplied wi on this report or supplemental report	is true and a	aces not qualify for t accurate and that my	rie exen signati	ription stated ure shall hav	э in Sect re the sa	iion 119.07 ime legal e	ری)(۱), Florida S effect as if made	tatutes. I furti aunder oath:	ner certify that I am a	tnat the ir an officer	irormation 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

727 441 2456