

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J21367

1. Entity Name

HOME MANAGEMENT UNLIMITED, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90095 022 \*\*\*550.00

Principal Place of Business

10995 U.S. Federal Hwy.  
8081 SE APOLLO AVE.  
HOBE SOUND FL 33475 33455

Mailing Address

P.O. BOX 902  
HOBE SOUND FL 33475-0902

2. Principal Place of Business

10995 U.S. Federal Hwy.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 902  
Suite, Apt. #, etc.

City & State

Hobe Sound, Florida

City & State

Hobe Sound, Florida

4. FEI Number

59-2691073

Applied For

Not Applicable

Zip

33455

Country

Martin

Zip

33475

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAY, EVELYN G. Evelyn Way Zorn  
8081 SE APOLLO AVENUE 10995 U.S. Fed. Hwy.  
HOBE SOUND FL 33475 33455

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

Evelyn Way Zorn Evelyn Way Zorn

5/20/2000

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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: PS ☐ Delete  
NAME: WAY, EVELYN Z  
STREET ADDRESS: P.O. BOX 902  
CITY-ST-ZIP: HOBE SOUND FL 33475

TITLE: DT ☐ Delete  
NAME: WAY, EVELYN Z  
STREET ADDRESS: P.O. BOX 902  
CITY-ST-ZIP: HOBE SOUND FL 33475

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-ST-ZIP:

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NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
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:

Evelyn Way Zorn Evelyn Way Zorn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/20/2000 (561) 546-5408

CR2E034 (9/99)