2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 08:00 AM
Secretary of State

DOCUMENT # L52578

1. Entity Name
HOMEBUYERS REAL ESTATE COMPANY, INC.

Principal Place of Business	Mailing Address
11590 SEMINOLE BLVD., SUITE B-4	11590 SEMINOLE BLVD., SUITE B-4
SEMINOLE FL	SEMINOLE FL
33778 US	33778 US

2. Principal Place of Business	3. Mailing Address
11590 SEMINOLE BLVD.	11590 SEMINOLE BLVD.
Suite, Apt. #, etc.: SUITE B-4	Suite, Apt. #, etc.: SUITE B-4
City & State: SEMINOLE FL	City & State: SEMINOLE FL
Zip: 33778 Country: US	Zip: 33778 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2999788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWEN, ROBERT M.
51 ISLAND WAY #1006
CLEARWATER FL
33767 US

7. Name and Address of New Registered Agent

Name: BOWEN, ROBERT M.
Street Address (P.O. Box Number is Not Acceptable): 1187 CLAYS TRAIL
City: OLDSMAR FL Zip Code: 34677

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 ROBERT M. BOWEN 01/25/2001
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BOWEN, ROBERT M.		NAME	BOWEN ROBERT M	
STREET ADDRESS	51 ISLAND WAY #1006		STREET ADDRESS	1187 CLAYS TRAIL	
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: ROBERT M. BOWEN P 01/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #