

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90204 025 ***150.00

DOCUMENT # L89126

1. Entity Name

HOMESAVER INTERNATIONAL, INC.

Principal Place of Business
2536 COUNTRYSIDE BOULEVARD
SIXTH FLOOR
CLEARWATER FL 33763

Mailing Address
2536 COUNTRYSIDE BOULEVARD
SIXTH FLOOR
CLEARWATER FL 33763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0210366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHATANOFF, ROBERT HARRY
2536 COUNTRYSIDE BLVD
6TH FLOOR
CLEARWATER FL 34623

Name **North, Heather L**

Street Address (Post Office Box is Not Acceptable)

2536 Countryside Blvd,

Sixth Floor

Clearwater

City

FL

Zip Code **33763**

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

Heather L. North
 Signature, typed or printed name of registered agent and title if applicable.

Heather L. North

4.15.02

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST COOPER SMITH, MARGARET A 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER FL 34623	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

MARGARET COOPER SMITH

4.15.02

(727)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)