

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002983

1. Entity Name

HOMES-4-U.ORG, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90014 012 ****61.25

Principal Place of Business

1952 S CONGRESS AVE
 WEST PALM BEACH FL 33406

Mailing Address

1952 S CONGRESS AVE
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023679

Applied For

Not Applicable

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

NIELSEN, ARNE
 623 N M STREET
 LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DELISO, DIANE
 CITY-ST-ZIP 2 BAYTREE CIRCLE
 BOYNTON BEACH FL 33436

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LARKINS, VINCE
 CITY-ST-ZIP 815 MEADOWS CIR
 BOYNTON BEACH FL 33436

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS NIELSEN, ARNE
 CITY-ST-ZIP 623 NORTH M ST
 LAKE WORTH FL 33460

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

TITLE ☐ Delete
 NAME STD
 STREET ADDRESS DEPP, DEITRA
 CITY-ST-ZIP 623 NORTH M ST
 LAKE WORTH FL 33460

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PERRY, JOHN
 CITY-ST-ZIP 1020 N CRYSTAL WAY
 DELRAY BEACH FL 33444

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, 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:

Arne Nielsen
 ARNE NIELSEN

4/27/01

(561) 588-8369

CR2E037 (10/00)