

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90067 041 \*\*\*\*70.00

**DOCUMENT # N00000002983**

1. Entity Name

**HOMES-4-U.ORG, INC.**



Principal Place of Business

**1948 S CONGRESS AVE  
WEST PALM BEACH FL 33406**

Mailing Address

**1948 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

**NIELSEN, ARNE  
623 N M STREET  
LAKE WORTH FL 33460**

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. I am familiar with, and accept the obligations of registered agent.

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 \$31.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	DELISO, DIANE	2 BAYTREE CIRCLE BOYNTON BEACH FL 33436	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LARKINS, VINCE	815 MEADOWS CIR BOYNTON BEACH FL 33436	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	NIELSEN, ARNE	623 NORTH M ST LAKE WORTH FL 33460	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	STD	DEPP, DEITRA	623 NORTH M ST LAKE WORTH FL 33460	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PERRY, JOHN	1020 N CRYSTAL WAY DELRAY BEACH FL 33444	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

1/13/03 561.304-1400