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

Mailing Address

3: Mailing Address

City & State

Zip

1948 S CONGRESS AVE

Suite, Apt. #, etc.

WEST PALM BEACH FL 33406

DOCUMENT # N0000002983

Country

6. Name and Address of Current Registered Agent

1. Entity Name

HOMES-4-U.ORG, INC.

Principal Place of Business

WEST PALM BEACH FL 33406

2. Principal Place of Business

1948 S CONGRESS AVE

Suite, Apt. #, etc.

NIELSEN, ARNE 623 N M STREET

LAKE WORTH FL 33460

City & State

Zip



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

•			02-07-2003	90067	041 **	***70	0.00	
			CHECK HERE					
	<u> </u>	4. FEI Number					plied For	
			0 1020019		ŀ	-	t Applicable	
Country		5. Certificate of Status Desired \$8.7 Fee F					75 Additional Required	
	.3 TAP 2 N= E4	7. Name and Add	ress of New R	egistered	Agent			
	Name	-						
	Street Address (F	P.O. Box Number is	Not Acceptable)				
	City	 		FL	Zip	Code		
ere	d office or registere	ed agent, or both, in	the State of Flo	rida. I am	familiar	with, a	and accept	
ered	Agent signature required v	when reinstating)		DATE				
_								

8. The above the obliga	e named entity submits this statement for the pur tions of registered agent.	pose of changing its i	registered office or r	registered agent, or both, in th	e State of Florida. I am familiar with	, and accept							
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
4	a segundad again and like ii a	ppicable. (NOTE:	Hegistered Agent signature	e required when reinstating)	DATE								
1 to 1 to 1	FOR NOW: FEE IS \$1.25	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	3	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	110							
TITLÉ	D	☐ Delete	TITLE		Change	Addition							
NAME	DELISO, DIANE		NAME		Onlings	L. Hadition							
STREET ADDRESS	2 BAYTREE CIRCLE		STREET ADDRESS										
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP										
TITLE	D	Delete	TITLE		Change	[] Addition							
NAME	LARKINS, VINCE	•	NAME		Change	Addition							
STREET ADDRESS	815 MEADOWS CIR		STREET ADDRESS			}							
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TITLE	PD	☐ Delete	TITLE		☐ Change	Addition							
NAME	NIELSEN, ARNE		NAME		_ snangv								
STREET ADDRESS	623 NORTH M ST		STREET ADDRESS										
CITY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP										
TITLE	STD	☐ Delete	TITLE	<u></u>	☐ Change	Addition							
NAME	DEPP, DEITRA		NAME		C Ollarige								
STREET ADDRESS	623 NORTH M ST		STREET ADDRESS			}							
CiTY-ST-ZIP	LAKE WORTH FL 33460		CITY-ST-ZIP			J							
TITLE	D	☐ Delete	TITLE		☐ Change	Addition							
NAME	PERRY, JOHN		NAME		L_I change	☐ Audition							
STREET ADDRESS	1020 N CRYSTAL WAY		STREET ADDRESS										
CITY-ST-ZIP	DELRAY BEACH FL 33444	l	CITY-ST-ZIP										
TITLE	-	☐ Delete	TITLE		Change	Addition							
NAME			NAME		change	L Mudicipii							
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP		\$1	CITY-ST-ZIP										
12. Lhereby c	ertify that the information surplied with this filing.	doho nat a selit standi		" -									

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my pame appears in Block 10 or Block 11 if left like employered. indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empowered to of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

13/03 561.304-1400