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

## DOCUMENT # NIZOGOO



FILED
Mar 21, 2003 8:00 am §
Secretary of State

1. Entity Nar	me S HOMEST	# 143909 FEAD SCHOLARS	_	ON, INC	OR P			03-21-2003 900	•	
Principal Place of Business 378 SW 6 STREET FLORIDA CITY FL 33034 US		378 SW 6 STR	Mailing Address 378 SW 6 STREET FLORIDA CITY FL 33034 US			1 1281118: 880		Albri Bibli: Bibli Bibli	1821 B.1811 1881	
2. Principal Place of Business			3. Mailing Add	tress						
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.				CHECK HERE IF I	MAKING CHANGES	S	
City & State			City & Stat	City & State			4. FEI Number 65-0281355 Applied For			
Zip		Country	Zip		Country		5. Certificate of S	Status Desired	\$8.75 Ac	
	6. Name	and Address of Curre	ent Registered Agen	tera ger		<u> </u>	.7. Name and Ad	dress of New Regi	•	eu -
<del></del>					Name		^	a. Jos or Hen negi	owner Agent	
SCOTT, MARIA 378 SW 6 STREET				Street 2	Street Address (P.O. Box Number is Not Acceptable)					
	CITY FL 330	034				_	20 ml			<u>.                                    </u>
-1-					City				FL Zip Cod	
8. The above	named entity	submits this statemen	t for the purpose of cl	hanging its r	egistered office of	or registere	d agent, or both, in	the State of Florida	. I am familiar with	, and accept
the obligat	tions of registe	red agent.	_							•
SIGNATURE (	Man	ia M. Sa		Cutiv	e Direct	br		3/18	103	ļ
	Ol									<del></del>
	Signature, typed o	r printed name of registered ag	ent and title if applicable.	(NOTE:	Registered Agent signs	ature required w	when reinstating)		DATE	ĺ
F		FEE IS \$61.25	<b>9.</b> E		paign Financing		\$5.00 May Be Added to Fees		Check Payable Department of	
F 10.		FEE IS \$61.25	<b>9.</b> E	lection Camp	paign Financing intribution.		\$5.00 May Be Added to Fees	Florida (	Department of	State
10.			9. E Tr	lection Camp rust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees		Department of	State
10.	FILE NOW:	FEE IS \$61.25	9. E Tr	lection Camp	paign Financing ontribution.		\$5.00 May Be Added to Fees	Florida (	Department of	State
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indicated on this report or supplied with this filling 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 bitrue 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**