

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004344

1. Entity Name

HOMETOWN PRIDE, INC.

Principal Place of Business

Mailing Address

5508 MIAMI AVE.
TAMPA FL 33604

5508 MIAMI AVE.
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

907 RALKELL RD

907 RALKELL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLA

City & State

TAMPA FLA

Zip

33612

Country

USA

Zip

33612

Country

USA

4. FEI Number

59-3592213

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

SNYDER, SUZANNE

5508 MIAMI AVE.

TAMPA FL 33604

907 RALKELL RD

TAMPA FL 33612

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

After September 12, 2001, min. will be \$236.25

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 NAME D SNYDER, CHRIS
STREET ADDRESS 5508 MIAMI AVE.
CITY-ST-ZIP TAMPA FL 33604

TITLE NAME D SNYDER, SUZANNE
STREET ADDRESS 5508 MIAMI AVE.
CITY-ST-ZIP TAMPA FL 33604

TITLE NAME D HAYNES, MICHAEL
STREET ADDRESS 907 CARACAS ST.
CITY-ST-ZIP TAMPA FL 33604

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS 907 RALKELL RD
CITY-ST-ZIP TAMPA FL 33612

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CITY-ST-ZIP

TITLE 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:

SIGNATURE REQUIRED

7/19/01

803915-1277

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90020 024 ****61.25

00059327



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)