

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90035 026 \*\*\*150.00

**DOCUMENT # P00000015318**

1. Entity Name  
**HOMELIFE GROUP HOMES, INC.**

Principal Place of Business  
**12861 WATERHAVEN CIRCLE**  
**ORLANDO FL 32828**

Mailing Address  
**12861 WATERHAVEN CIRCLE**  
**ORLANDO FL 32828**

2. Principal Place of Business  
**4009 AMRON DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 780152**  
 Suite, Apt. #, etc.

City & State  
**Orlando Florida**  
 Zip  
**32822**  
 Country  
**USA**

City & State  
**Orlando Florida**  
 Zip  
**32822**  
 Country  
**USA**

4. FEI Number  
**SA 3612733**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**BARNES, SUSAN**  
**609 W VINE STREET**  
**KISSIMEE FL 34741**

## 7. Name and Address of New Registered Agent

Name  
**Brenda Greene**  
 Street Address (P.O. Box Number is Not Acceptable)  
**525 Lexingtondale DR**  
 City  
**Orlando** FL Zip Code  
**32828**

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

(NOTE: Registered Agent signature required when reinstating)

**3-21-01**  
 DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Samantha Moss	PO BOX 780152	Orlando FL 32878-0152		
Vice President	Brenda Greene	PO BOX 780152	Orlando FL 32878-0152		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01**  
 Date

**(407) 234 9899**  
 Daytime Phone #

CR2E034 (10/00)