

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90142 046 ***150.00

0155027 FP

DOCUMENT # P00000015318

1. Entity Name

HOMELIFE GROUP HOMES, INC.



Principal Place of Business

**4009 AMRON DRIVE
ORLANDO FL 32822**

Mailing Address

**PO BOX 780152
ORLANDO FL 32822**

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 **59-3612733**

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

**GREENE, BRENDA
525 LEXINGDALE DRIVE
ORLANDO FL 32828**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSS, SAMANTHA PO BOX 780152 ORLANDO FL 32878-0152	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENE, BRENDA PO BOX 780152 ORLANDO FL 32878-0152	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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 GREENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-03
Date

407-360-4083
Daytime Phone #

CR2E034 (4/03)

Attachment

90147604

HOMELIFE GROUP HOMES INC

July 21, 2003

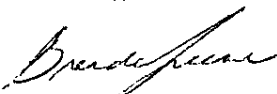
Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee FL 32302-1500

Re: Homelife Group Homes, Inc., Document # P00000015318, (UBR)

Dear Sir or Madam:

Enclosed please find check #2195 for \$150 for the renewal of our corporation. Please be advised, our records indicate we never received the original renewal notification. Otherwise, we would have paid the fee when it was due. Our bills have always been paid in a timely manner. Therefore, we are requesting a waiver of the late penalties assessed. Thank you for your attention to this matter.

Sincerely,


Brenda Greene