

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

HOME EDGE INC. D/B/A FIRSTTRUST OF FLORIDA REALTY

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90002 038 ***550.00

Principal Place of Business

Mailing Address

310 EAST COLONIAL DR.

SAME

ORLANDO, FL 32801-1206

A0073962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

310 EAST COLONIAL DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

59-3648133

Applied For

Not Applicable

Zip

32801-1206

Country

ORANGE U.S.

Zip

Country

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

DENISE KIRK

510 CHRISTOPHER PL.

ORLANDO, FL 32801

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.

PRES. Denise Kirk

5/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT - DIRECTOR ☐ Delete

NAME DENISE KIRK

STREET ADDRESS 510 CHRISTOPHER PL.

CITY-ST-ZIP ORLANDO, FL 32801

TITLE VICE-PRESIDENT, DIRECTOR ☒ Change ☐ Addition

NAME DENISE KIRK

STREET ADDRESS 510 CHRISTOPHER PL.

CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition

NAME RICHARD LAZEAR

STREET ADDRESS 2604 WHISLER LAKE CLUB CIRCLE DR.

CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Kirk

Date

Daytime Phone #

5/30/01 407.872.8558

CR2E034 (11/00)