

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90071 038 \*\*\*150.00

**DOCUMENT # P00000049306**

1. Entity Name  
**HOMEMORTGAGEFLORIDA.COM, INC.**

Principal Place of Business <b>5406 SW 80TH TERR. GAINESVILLE FL 32608-4455</b>	Mailing Address <b>5406 SW 80TH TERR. GAINESVILLE FL 32608-4455</b>
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**976263**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5200 W. Newberry Rd., D-6 Suite, Apt. #, etc.</b>	3. Mailing Address <b>5406 SW 80th Terrace Suite, Apt. #, etc.</b>
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City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>	4. FEI Number <b>59-3645537</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip <b>32607</b>	Country <b>USA</b>	Zip <b>32608</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JACOBSON, STEVEN M**  
**5406 SW 80TH TERR.**  
**GAINESVILLE FL 32608-4455**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>JACOBSON, STEVEN M</b> <b>5406 SW 80TH TERR.</b> <b>GAINESVILLE FL 32608-4455</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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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

**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 all address, with all other like empowered.**

**SIGNATURE:** **Steven M. Jacobson** **4/24/01** **352-336-7555**

SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)