

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90043 007 ***150.00

DOCUMENT # P00000052061

1. Entity Name
HOME DEVELOPERS GROUP INC.



Principal Place of Business
1110 RIFLECREST AVE.
VALRICO FL 33594

Mailing Address
LAKE CHASE ISLAND WAY
#9116
TAMPA FL 33626



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9116

City & State
Tampa

Zip
33626

Country
USA

Suite, Apt. #, etc.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3722073

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

SMOOK, MARIUS J
9116 LAKE CHASE ISLAND WAY
TAMPA FL 33626

Name **MARIUS J SMOOK**

Street Address (P.O. Box Number is Not Acceptable)

9116 LAKE CHASE ISLAND WAY

City **TAMPA**

FL

Zip Code **33626**

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)

01-07-2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **MR**
STREET ADDRESS **SMOOK, MARIUS J**
CITY-ST-ZIP **9116 LAKE CHASE ISLAND WAY**
TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 966 1674

01-07-2003

Date

Daytime Phone #

CR2E034 (10/02)