2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000068013 DOCUMENT

1. Entity Name

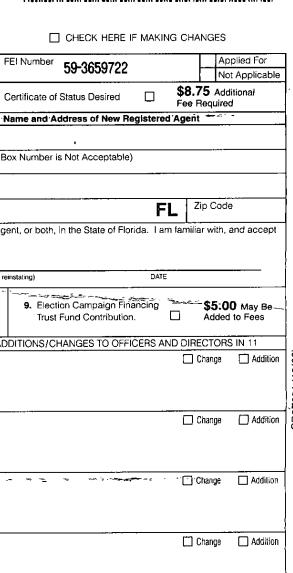
HOMEWORKS SOUTHEAST, INC.



Principal Place of Business Mailing Address 4403 SOUNDSIDE DRIVE 4403 SOUNDSIDE DRIVE GULF BREEZE FL 32563 **GULF BREEZE FL 32563** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3659722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ...6:-Name and Address of Current Registered Agent -BORDELON, MARTIN III Street Address (P.O. Box Number is Not Acceptable) 4403 SOUNDSIDE DRIVE **GULF BREEZE FL 32563** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5:00 May Be After May 1, 2003, Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change Addition TITLE TITLE ☐ Delete BORDELON, MARTIN III NAME NAME 4403 SOUNDSIDE DRIVE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32563** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Delete-TITLE 🗢 🗆 🖘 🖰 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90192 014 ***150.00



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 attachi

CITY-ST-ZIP

SIGNATURE: