

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90107 011 ***150.00

DOCUMENT # P00000068920

1. Entity Name
HOME BIRTH, INC.

Principal Place of Business
423 SOFT SHADOW LANE
DEBARY FL 32713

Mailing Address
423 SOFT SHADOW LANE
DEBARY FL 32713

2. Principal Place of Business
36 S. Hwy 17-92

3. Mailing Address

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

City & State
DeBary FL

City & State

Zip Country
32713 US

Zip Country

4. FEI Number
59-3666886

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

130040



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOVE, KAREN L
423 SOFT SHADOW LANE
DEBARY FL 32713

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BOVE, KAREN L 423 SOFT SHADOW LANE DEBARY FL 32713	<input type="checkbox"/> Delete
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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 an address, with all other like empowered.

SIGNATURE: Karen L Bove **Karen L Bove** 4/25/01 **407-668-5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)