

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90250 003 ***150.00

DOCUMENT # P00000069762

1. Entity Name
FLORIDA HOME TRUST GROUP, INC.

Principal Place of Business
645 PEACHWOOD DRIVE
SUITE D
ALTAMONTE SPRINGS FL 32714

Mailing Address
931 N. STATE ROAD 434
SUITE 1201-1202
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

931 N. STATE ROAD 434

SUITE 1201-1202

ALTAMONTE SPRINGS

FL 32714

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3661275

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, G ROBERT JR
645 PEACHWOOD DRIVE
SUITE D
ALTAMONTE SPRINGS FL 32714

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW! FEE IS \$150.00
After May 1, 2002 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

| | | |
|----------------|---------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ARNOLD, G ROBERT JR | |
| STREET ADDRESS | 931 N. SR 434, SUITE 1201-1202 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MARTE ARNOLD, G ROBERT JR | |
| STREET ADDRESS | 931 N. SR 434, SUITE 1201-1202 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 931 N. SR 434, SUITE 1201-1202 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

ARNOLD, G ROBERT JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/02 **407-389-7318**

CR2E034 (9/01)