

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90124 007 \*\*\*150.00

**DOCUMENT # P00000073473**

Entity Name

**HOME CHOICE PROPERTY MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

~~4819 E BUSCH BLVD SUITE 101~~  
**TAMPA FL 33617**

~~4819 E BUSCH BLVD SUITE 101~~  
**TAMPA FL 33617**

**1513 W Busch Blvd**  
**Tampa FL 33612**

**1513 W Busch Blvd**  
**Tampa FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3674186**

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

**MIZE, ROBERT P**

~~4819 E BUSCH BLVD SUITE 101~~  
**TAMPA FL 33617**

Name

**Mize Robert P**

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

**1513 W BUSCH BLVD**

City

**Tampa**

FL

Zip Code

**33612**

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

*Robert Mize*

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

(NOTE: Registered Agent's 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, 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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIZE ROBERT</b>	
STREET ADDRESS	<b>1513 W BUSCH BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIZE BRYAN</b>	
STREET ADDRESS	<b>1513 W BUSCH BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIZE LORI</b>	
STREET ADDRESS	<b>1513 W BUSCH BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIZE KEVIN</b>	
STREET ADDRESS	<b>1513 W BUSCH BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Robert Mize*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01**

Date

**813 983 4393**

Daytime Phone #

CR2E034 (10/00)