

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90231 031 ***150.00

DOCUMENT # P00000081401

1. Entity Name

HOME FRONT, INC.

Principal Place of Business

**120 ROSE DRIVE
 VENICE FL 34293**

Mailing Address

**120 ROSE DRIVE
 VENICE FL 34293**

2. Principal Place of Business

239 S. Grove St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

Zip

34292

Country

USA

Zip

34293

Country

USA

4. FEI Number

65-1050438

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

**BISHOP, BRIAN
 120 ROSE DRIVE
 VENICE FL 34293**

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, 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. **PD** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **Brian C Bishop**
 STREET ADDRESS **120 Rose Dr**
 CITY-ST-ZIP **Venice FL 34293**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP**
 NAME **Jeanne B Bishop**
 STREET ADDRESS **120 Rose Dr**
 CITY-ST-ZIP **Venice FL 34293**

TITLE
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 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:

Brian C Bishop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

913-480-0147

Date

Daytime Phone #

CR2E034 (10/00)