

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087318

1. Entity Name

HOME SEARCH 2000, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90033 040 ***150.00

Principal Place of Business

1424 SEAGULL DR., #201
PALM HARBOR FL 34685

Mailing Address

1424 SEAGULL DR., #201
PALM HARBOR FL 34685

2. Principal Place of Business

3442 EAST LAKE RD

Suite, Apt. #, etc.

#302

City & State

PALM HARBOR FL

Zip
34685

Country
USA

3. Mailing Address

3442 - EAST LAKE RD

Suite, Apt. #, etc.

302

City & State

PALM HARBOR FL

Zip
34685

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3677958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCHELEAU, JOSEPH
1424 SEAGULL DR., #201
PALM HARBOR FL 34685

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P, ST
NAME KATHERINE S. ROCHELEAU ☐ Change ☒ Addition
STREET ADDRESS 1424 SEAGULL DR #201
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

04.26.01 727-7862600

CR2E034 (10/00)

0427213