2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State DOCUMENT # P00000090390 1. Entity Name 05-02-2002 90088 028 ***150.00 HOMEBUYERS ADVANTAGE REALTY, INC. Mailing Address Principal Place of Business 3003 SOUTH HWY. 77. #F 3003 SOUTH HWY. 77. #F LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3671296 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NADEAU, TERRY J Street Address (P.O. Box Number is Not Acceptable) 3003 SOUTH HWY, 77, #F LYNN HAVEN FL 32444 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE PD NAME NAME NADEAU, TERRY J STREET ADDRESS STREET ADDRESS 3003 SOUTH HWY. 77, #F CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOLDEN, ELIZABETH D STREET ADDRESS STREET ADDRESS 3003 SOUTH HWY. 77, #F CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 □ Change ☐ Addition ☐ Delete TITI F TITLE **VP** NAME HUMBLE, GWENDOLYN D STREET ADDRESS STREET ADDRESS 3003 SOUTH HWY. 77, #F CITY-ST-7IP CITY-ST-ZIP LYNN HAVEN FL 32444 TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered.

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