

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094693

1. Entity Name
HOMES FOR RENT, INC.

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

05-16-2001 90200 026 ***150.00

Principal Place of Business

8335 EBSON DR.
N. FT. MYERS FL 33917

Mailing Address

8335 EBSON DR.
N. FT. MYERS FL 33917

2. Principal Place of Business

12734 KENWOOD LANE #5
Suite, Apt. #, etc.

3. Mailing Address

12734 KENWOOD LANE #5
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

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

HARLOW, ROBERT E
8335 EBSON DR.
N. FT. MYERS FL 33917

Name
RICHARD SCOTT BARKER

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

12734 KENWOOD LANE #5

City
FORT MYERS

FL

Zip Code
33907

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARLOW, ROBERT E
8335 EBSON DR.
N. FT. MYERS FL 33917 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RICHARD SCOTT BARKER
12734 KENWOOD LANE #5
FORT MYERS, FL 33907 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

CR2E034 (10/00)