

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90166 043 ***150.00

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AV

DOCUMENT # P00000107341

1. Entity Name

HOMEOWNER SOLUTIONS, INC.



Principal Place of Business

**4509 BEE RIDGE RD. STE C
SARASOTA FL 34233**

Mailing Address

**4509 BEE RIDGE RD. STE C
SARASOTA FL 34233**

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

65-1055200

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WOLFINGER, ENOLA H

4509 BEE RIDGE RD, STE C

SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name **Shay, Geraldine**

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

8466 N. Lockwood Ridge Rd #306

City **Sarasota**

FL

Zip Code **34243**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Geraldine L. Shay, VP

(NOTE: Registered Agent signature required when reinstating)

4-20-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SHAY, JOHN M**
STREET ADDRESS **8466 N. LOCKWOOD RIDGE RD. #306**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **D** ☐ Delete
NAME **SHAY, GERALDINE L**
STREET ADDRESS **8466 N. LOCKWOOD RIDGE RD. #306**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Geraldine L. Shay, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03

DATE

941-321-5788

DAYTIME PHONE #

CR2E034 (10/02)