

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90373 035 ***158.75

0032481
 AV

DOCUMENT # P01000002569

1. Entity Name
HOME BASED PUBLISHING, INC.

Principal Place of Business
**1643 8TH ST. SOUTH
 JACKSONVILLE BEACH FL 32250**

Mailing Address
**P.O. BOX 50685
 JACKSONVILLE FL 32250**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1643 8th St. So
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 50685
 Suite, Apt. #, etc.

City & State
Jax. Bch., FL
 Zip
32250 Country
USA

City & State
Jax., FL
 Zip
32240 Country
USA

4. FEI Number
59-3687770

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANTZ, DOREEN E
 1643 8TH ST. SOUTH
 JACKSONVILLE BEACH FL 32250**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | PD FRANTZ, DOREEN E 1643 8TH ST. SOUTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FRANTZ, DAVID C 1643 8TH ST. SOUTH JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Doreen E Frantz **5/1/02** **904-246-8934**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)