

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90123 024 \*\*\*150.00

**DOCUMENT # P01000005500**

1. Entity Name  
**HOME FRONT PUBLISHERS, INC.**

Principal Place of Business

~~1215 HUNTINGTON LN~~  
**SAFETY HARBOR FL 34695**

Mailing Address

~~1215 HUNTINGTON LN~~  
**SAFETY HARBOR FL 34695**

2. Principal Place of Business

**3143 Hyde Park DR.**

Suite, Apt. #, etc.

3. Mailing Address

**3143 Hyde Park DR.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

4. FEI Number

**59-3690532**

Applied For

Not Applicable

Zip **33761**

Country

**Pinellas**

Zip

**FL**

Country

**PINEILLAS**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.**

**3150 SANDY RIDGE DR**  
**CLEARWATER FL 33761**

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. ☐

**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 ☐ Delete  
NAME **P**  
**FIELD, LONNA R**  
STREET ADDRESS **1215 HUNTINGTON LN**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Pres.**  
**Field, LONNA R.**  
STREET ADDRESS **3143 Hyde Park DR.**  
CITY-ST-ZIP **CLEARWATER, FL 33761**

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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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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 #

**Signature: LONNA R. Field** **4/12/02** **(727) 726-1968**

CR2E034 (9/01)