FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90143 013 ***150.00

DOCUMENT # P01000043537

1. Entity Name
HOME FINANCIAL NETWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6635 W. Commercial Blvd	6635 W. Commercial Blvd
Suite/Apt. #, etc. #220	Suite, Apt. #, etc. #220
City & State TAMARAC FL	City & State TAMARAC, FL
Zip 33319 Country USA	Zip 33319 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103800 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL J. BARTLETT

Street Address (P.O. Box Number is Not Acceptable): 6278 N. Federal Highway #187

City: FT. Lauderdale FL Zip Code: 33308

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: Michael J Bartlett 4/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $350.00
Amended UBR is $61.25
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	President Michael J. Bartlett 6635 W. Commercial Blvd #220 TAMARAC FL 33319
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CR2E034B (12/01)

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

SIGNATURE: Michael J Bartlett 4/1/02 954-718-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #