

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90184 009 ***150.00

DOCUMENT # P01000075401
1. Entity Name
 HOMEBUYER'S CHOICE, INC.

Principal Place of Business 1043 FOREST CIRCLE
 WINTER SPRINGS FL 32708
Mailing Address 1043 FOREST CIRCLE
 WINTER SPRINGS FL 32708

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3736217 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 ST
 4TH FLOOR
 MIAMI FL 33145
7. Name and Address of New Registered Agent Name: DONALD H. SOTNICK
 Street Address (P.O. Box Number is Not Acceptable) 1043 FOREST CIRCLE
 City: WINTER SPRINGS FL Zip Code: 32708

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 Donald H. Sotnick DONALD H. SOTNICK PRESIDENT 4/16/02
 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 ☒ **FILE NOW!!! FEE IS \$150.00**
 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00
 (See criteria on back) **Make Check Payable to Department of State**
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SOTNICK, DONALD H 1043 FOREST CIRCLE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	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: Donald H. Sotnick DONALD H. SOTNICK 4/16/02 407 699-6964
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)