

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90097 008 \*\*\*150.00

**DOCUMENT # P01000088308**

1. Entity Name  
**HOME SAVINGS PLAN, INC.**

Principal Place of Business

~~501 S FALKENBURG ROAD SUITE D-15~~  
~~TAMPA FL 33619~~

Mailing Address

~~501 S FALKENBURG ROAD SUITE D-15~~  
~~TAMPA FL 33619~~

2. Principal Place of Business

**711 N. Parsons Av.**

Suite, Apt. #, etc.

3. Mailing Address

**711 N. Parsons Av.**

Suite, Apt. #, etc.

City & State

**Brandon, FL**

City & State

**Brandon, FL**

Zip

Country

**33510**

Zip

Country

**33510**

4. FEI Number

**39-3748191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CUMMINGS, GLENN P**

~~501 S FALKENBURG ROAD SUITE D-15~~  
~~TAMPA FL 33619~~

7. Name and Address of New Registered Agent

Name

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

**711 N. Parsons Av**

City

**Brandon,**

FL

Zip Code

**33510**

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)

**4/10/02**

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 **PD** ☐ Delete  
NAME **CUMMINGS, GLENN P**  
STREET ADDRESS **1913 BELL RANCH STREET**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **STD** ☐ Delete  
NAME **CUMMINGS, ALICIA G**  
STREET ADDRESS **1913 BELL RANCH STREET**  
CITY-ST-ZIP **BRANDON FL 33511**

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  
STREET ADDRESS  
CITY-ST-ZIP

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:

**4/10/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/02 813-651-5788**

CR2E034 (9/01)