

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90046 007 ***158.75

0038332 AV

DOCUMENT # P01000107151

1. Entity Name

HOMETEAM REALTY SERVICES, INC.

Principal Place of Business

**4220 HOOD ROAD
 JACKSONVILLE FL 32257**

Mailing Address

**4220 HOOD ROAD
 JACKSONVILLE FL 32257**

2. Principal Place of Business

10609 Old St. Augustine Rd

3. Mailing Address

10609 Old St. Augustine Rd

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32257

Country

U.S.

Zip

32257

Country

U.S.

4. FEI Number

30-0022033

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HART, DAVID

**4220 HOOD ROAD
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **Hart, David**

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

10609 Old St. Augustine Rd

Suite 4

City **JACKSONVILLE**

FL

Zip Code

32257

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 **David S. Hart**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/02

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 **D** ☐ Delete
 NAME **HART, DAVID**
 STREET ADDRESS **4220 HOOD ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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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 **President** ☒ Change ☐ Addition
 NAME **David Hart**
 STREET ADDRESS **10609 Old St. Augustine Rd. Suite 4**
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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

TITLE ☐ Change ☐ Addition
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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: **David S. Hart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 904-262-1144

Date

Daytime Phone #

CR2E034 (9/01)