

2002 UNIFORM BUSINESS REPORT (UBR)

0037586 AV

DOCUMENT # P01000107253

1. Entity Name
HOMETOWN PRODUCTIONS, INC.

FILED

03 APR 15 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3153 BRIDLEWOOD LANE
JACKSONVILLE FL 32257

Mailing Address
3153 BRIDLEWOOD LANE
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4200-2 Baymeadows Road
Suite, Apt. #, etc.

3. Mailing Address
4200-2 Baymeadows Road
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
Applied For
Not Applicable

Zip Country
32217 USA

Zip Country
32217 USA

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

6. Name and Address of Current Registered Agent

HEDRICK, CHARLES V
F&L CORP.
200 N LAURA STREET
JACKSONVILLE FL 32202

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 _____ (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. (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 NAME D BREWER, DONALD STREET ADDRESS 3153 BRIDLEWOOD LANE CITY-ST-ZIP JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP 4200-2 Baymeadows Road Jacksonville, FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 000016325040 04/18/03--01055--021 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-08-03
Date

Daytime Phone #

CR2E034 (9/01)