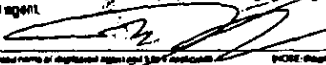
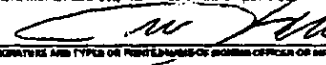


FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90064 027 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90139262

DOCUMENT # P01000117012			
1. Entity Name HOME TOWN INVESTMENTS OF CENTRAL FLORIDA INC.			
Principal Place of Business 148 OAKVIEW CIR. LAKE MARY, FL 32748 US		Mailing Address 148 OAKVIEW CIR. LAKE MARY, FL 32748 US	
2. Principal Place of Business Suite, Apt. #, etc. 753 Broad Oak Loop City & State Sanford FL Zip 32771 Country USA		3. Mailing Address Suite, Apt. #, etc. 753 Broad Oak Loop City & State Sanford FL Zip 32771 Country USA	
4. FEI Number 59-3758488 Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KREMER, JAMES E 148 OAKVIEW CIR. LAKE MARY, FL 32748			
7. Name and Address of New Registered Agent Name Jim Kremer Street Address (P.O. Box Number is Not Acceptable) 753 Broad Oak Loop City Sanford FL Zip Code 32771			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4-29-03			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			
TITLE	PTO	NAME	KREMER, JAMES E
STREET ADDRESS		STREET ADDRESS	148 OAKVIEW CIR.
CITY-ST-ZIP		CITY-ST-ZIP	LAKE MARY, FL 32748
TITLE	VO	NAME	KREMER, DANIELLE
STREET ADDRESS		STREET ADDRESS	148 OAKVIEW CIR.
CITY-ST-ZIP		CITY-ST-ZIP	LAKE MARY, FL 32748
TITLE	SO	NAME	KREMER, SUE
STREET ADDRESS		STREET ADDRESS	148 OAKVIEW CIR.
CITY-ST-ZIP		CITY-ST-ZIP	LAKE MARY, FL 32748
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other law empowering.			
SIGNATURE:  DATE 4-29-03			