

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 042 ***550.00

DOCUMENT # **PO1000117797**

1. Entity Name

Home Buyers Grow P.A.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1812 N Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

1812 N Dixie Hwy
Suite, Apt. #, etc.

979954

DO NOT WRITE IN THIS SPACE

City & State
Lakewood FL

Zip
33460

Country
USA

City & State
Lakewood FL

Zip
33460

Country
USA

4. FEI Number

01-0646628

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARY BATAILLE

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

1812 N Dixie Hwy

City
Lakewood

FL

Zip Code
33460

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 **GARY BATAILLE**
Signature must be typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent signature required when not applicable)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRES
NAME
GARY BATAILLE
STREET ADDRESS
1812 N Dixie Hwy
CITY-ST-ZIP
Lakewood FL 33460

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE **GARY BATAILLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #