

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-08-2003 90025 018 ***150.00

DOCUMENT # P02000013469

1. Entity Name
HOME SAVINGS REAL ESTATE SERVICES CORP.



Principal Place of Business
2433 HURON CIRCLE
KISSIMMEE FL 34746-3441

Mailing Address
2433 HURON CIRCLE
KISSIMMEE FL 34746-3441

55003120



2. Principal Place of Business
3501 West Vine St.
Suite/Apt. #, etc. 522

3. Mailing Address
3501 West Vine St.
Suite/Apt. #, etc. 522

☐ CHECK HERE IF MAKING CHANGES

City & State
Kissimmee, Florida
Zip 34741 **Country** Osceola

City & State
Kissimmee, Florida
Zip 34741 **Country** Osceola

4. FEI Number
04-3607134

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAUCAR, JULIO B
2433 HURON CIRCLE
KISSIMMEE FL 34746-3441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D PAUCAR, JULIO B	2433 HURON CIRCLE	KISSIMMEE FL 34746-3441	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03

Date

407-933-8055

Daytime Phone #

CR2034 (10/02)