

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052499

1. Entity Name
HOMES AND AGENTS, INC.



FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90054 001 ***150.00

0361443 AV

Principal Place of Business
PO BOX 268193
WESTON FL 33326

Mailing Address
PO BOX 268193
WESTON FL 33326



2. Principal Place of Business
318 Indian Trace

3. Mailing Address

Suite, Apt. #, etc. 419

Suite, Apt. #, etc.

City & State
Weston FL

City & State
Same as above

Zip 33326 Country USA

Zip Country

4. Fee Number
81-0556973

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BUSINESS PARTNERS INTERNATIONAL, LLC
318 INDIAN TRACE #447
WESTON FL 33326

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 *Paul S. President*

(NOTE: Registered Agent signature required when reinstating)

5/7/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PRESTON, DOUGLAS
STREET ADDRESS PO BOX 268193
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE ~~CIO~~
NAME ~~Hunt, Christopher~~
STREET ADDRESS ~~PO BOX 268193~~
CITY-ST-ZIP ~~Weston, FL 33326~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 318 Indian Trace #419
CITY-ST-ZIP Weston, FL 33326 ☒ Change ☐ Addition

TITLE ~~CIO~~
NAME ~~Hunt, Christopher~~
STREET ADDRESS ~~PO BOX 268193~~ 318 Indian Trace #419
CITY-ST-ZIP ~~Weston, FL 33326~~ Weston, FL 33326 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/2003

Date

Daytime Phone #

CR2E034 (10/02)