FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91429 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063091

1. Entity Name
THE HOME EQUITY BUILDER, INC.

Principal Place of Business	Mailing Address
4613 UNIVERSITY DRIVE SUITE 422 CORAL SPRINGS, FL 33067	4613 UNIVERSITY DRIVE SUITE 422 CORAL SPRINGS, FL 33067

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
950 N. FEDERAL HIGHWAY		950 N. FEDERAL HIGHWAY	
Suite, Apt. #, etc.: 112		Suite, Apt. #, etc.: 112	
City & State: POMPANO BEACH, FL		City & State: POMPANO BEACH FL	
Zip: 33062	Country: USA	Zip: 33062	Country: USA

4. FEI Number: 03-0456928 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDRICH, DONALD S
4613 UNIVERSITY DRIVE SUITE 422
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name: DONALD S. GOLDRICH
Street Address (P.O. Box Number is Not Acceptable): 3200 NE 14TH STREET
City: POMPANO BEACH FL Zip Code: 33062

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] 4-24-03
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	SELBY, DAVID		NAME	MIEDNIK, BEN	
STREET ADDRESS	4613 UNIVERSITY DRIVE SUITE 422		STREET ADDRESS	950 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] 4/23/03 954-899-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #