

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-28-2003 90522 022 ***150.00
P02000097187

FILED

03 MAY 15 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000097187

1. Entity Name
HOMELINE PROPERTIES, INC.



Principal Place of Business
201 SW PT ST LUCIE BLVD
PT ST LUCIE FL 34984

Mailing Address
201 SW PT ST LUCIE BLVD
PT ST LUCIE FL 34984

2. Principal Place of Business
1066 SW BAYSHORE BLVD
Suite, Apt. #, etc.

3. Mailing Address
1066 SW BAYSHORE BLVD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PT ST LUCIE FL

City & State
PT ST LUCIE FL

4. FEI Number
02-0645241

Applied For
Not Applicable

Zip
34984

Country
US

Zip
34984

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSSFIELD, JOSEPH L
4994 NW FAWN ST
PT ST LUCIE FL 34983

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CROSSFIELD, JOSEPH L
STREET ADDRESS 4994 NW FAWN ST
CITY-ST-ZIP PT ST LUCIE FL 34983

TITLE P
NAME CROSSFIELD, JOSEPH L
STREET ADDRESS 1066 SW BAYSHORE BLVD.,
CITY-ST-ZIP PT. ST. LUCIE FL 34984

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 like empowered.

SIGNATURE:

CROSSFIELD, JOSEPH L

4/23/2003 772-873-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)