

FILED
May 30, 2003 8:00 am
Secretary of State

05-01-2003 90384 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000119350



1. Entity Name
HOMOSASSA PROPERTIES, INC.

Principal Place of Business
4 NE THIRD ST.
CRYSTAL RIVER FL 34429

Mailing Address
4 NE THIRD ST.
CRYSTAL RIVER FL 34429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1540103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITUS, CLAIRE A
4 NE THIRD ST.
CRYSTAL RIVER FL 34429

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LA FLEUR, JOHN
6158 WEST CRAFT LANE
HOMOEASSA FL 34448 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
LA FLEUR, TERESA J
6158 WEST CRAFT LANE
HOMOEASSA FL 34448 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LA FLEUR, JOSEPH J
6158 WEST CRAFT LANE
HOMOEASSA FL 34448 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LA FLEUR, JACOB T
6158 WEST CRAFT LANE
HOMOEASSA FL 34448 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Teresa J. La Fleur

Date

4/28/03

Daytime Phone #

352 6284768

CR2E034 (10/02)

Attachment #

55045031

PO-200019350

C.A.T. OF CITRUS COUNTY INC
D/B/A JAYCEE ENTERPRISES
4 NE THIRD ST
CRYSTAL RIVER FL 34429

TEL; 352-795-6652
FAX; 352-795-3589

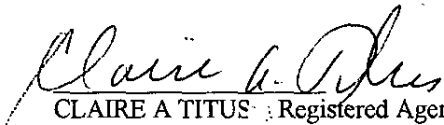
May 27- 2003

Florida Department of State
Annual Reports Section
P O Box 1500
Tallahassee FL 32302

Dear Madam or Sir:

Please find copy of annual report for HOMOSASSA PROPERTIES INC with the
Federal EIN affixed.

Thankyou,


CLAIRE A TITUS Registered Agent