FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90317 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000019610

1. Entity Name
HOMENDERS, INC.

DO NOT WRITE IN THIS SPACE

94056586

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2. Principal Place of Business
210 4TH ST NW
Suite, Apt. #, etc.
City & State: RUSKIN FL
Zip: 33570 Country: Hillsborough

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 35-2197826 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: S. L. STAFFORD
Street Address (P.O. Box Number is Not Acceptable)
15951 N. FLORIDA AVE
City: LUTZ FL Zip Code: 33549

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	D
NAME	ELIZABETH A DINOFSKY
STREET ADDRESS	16018 WYNDOVER ROAD
CITY-ST-ZIP	TAMPA FL 33647
TITLE	D
NAME	JANET BANK
STREET ADDRESS	6202 KINGBIRD MANOR DRIVE
CITY-ST-ZIP	LITHIA FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A. Dinofsky 4-14-04 813-645-7172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ELIZABETH A. DINOFSKY