2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003
Secretary of State

DOCUMENT# P09463

Entity Name: HOME BENEFITS, INC.

Current Principal Place of Business:

1440 MAIN STREET
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1838
SARASOTA, FL 342301838 US

New Mailing Address:

FEI Number: 59-2636096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIBERTORE, DOUGLAS S
1440 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCOB ( ) Delete
Name: LIBERTORE, DOUGLAS S
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: T ( ) Delete
Name: HEATON, THOMAS
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: VPS ( ) Delete
Name: FORBES, SUSAN K
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D ( ) Delete
Name: LIBERTORE, D. SCOTT
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: P ( ) Delete
Name: LIBERTORE, D. SCOTT
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change ( ) Addition
Name: LIBERTORE, DOUGLAS S
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FORBES, SUSAN K
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PS (X) Change ( ) Addition
Name: LIBERTORE, D. SCOTT
Address: 1440 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HEATON T 01/08/2003
Electronic Signature of Signing Officer or Director Date