

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070846

1. Entity Name
HOMETOWN BUILDERS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90025 017 ***150.00

Principal Place of Business* Mailing Address
1262 CURRY DELL LANE 1262 CURRY DELL LANE
MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32940-7480
US US

2. Principal Place of Business 3. Mailing Address
2475 JEN DRIVE 2475 JEN DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 1 UNIT 1

City & State City & State
MELBOURNE, FL. MELBOURNE, FL.
Zip Country Zip Country
32940 U.S.A. 32940 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3207941 Applied For
Not Applicable

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

LANGE, KRIS M
1262 CURRY DELL LANE
MERRITT ISLAND FL 32952

Name
Street Address (P.O. Box Number is Not Acceptable)
2475 JEN DRIVE
UNIT 1
City MELBOURNE FL Zip Code 32940

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.

SIGNATURE Kris Lange 4-29-00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	LANGE, TERRY L	
STREET ADDRESS	196 COUNTRY CLUB DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	LANGE, KRIS M	
STREET ADDRESS	196 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 HIGHWAY A1A #10	
CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 HIGHWAY A1A #10	
CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kris Lange, VP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00 321-253-8028
Date Daytime Phone #

CR2E034 (9/99)