

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0118345 AV

DOCUMENT # P94000000352

1. Entity Name
HOMEQ FINANCIAL CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 20 PM 2:34

Principal Place of Business
8556 PALM PARKWAY
ORLANDO FL 32836
US

Mailing Address
8556 PALM PARKWAY
ORLANDO FL 32836
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0455315

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

KAY, JAMES R
777 SOUTH FLAGLER DRIVE
SUITE #900 EAST TOWER
ORLANDO FL 32836

Name and Address of New Registered Agent

KAY LAW OFFICES
Attn: James R. Kay, Esquire
11505 Fairchild Gardens Avenue, Suite 203
Palm Beach Gardens, FL 33410

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE *[Signature]* PRESIDENT

5-1-03

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 DVPT
NAME AL-SAYED, EBRAHIM S. ☒ Delete
STREET ADDRESS 8556 PALM PARKWAY
CITY-ST-ZIP ORLANDO FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500019744715
05/22/03--01073--002 ***4637.50

TITLE DPS
NAME HASHWANI, HATIM ☐ Delete
STREET ADDRESS 8556 PALM PARKWAY
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE DVP
NAME CLARK, SUSAN I. ☐ Delete
STREET ADDRESS 8556 PALM PARKWAY
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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☐ Change ☐ Addition

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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 REQUIRED

4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)