

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90479 001 \*\*\*450.00

**DOCUMENT # P94000023281**

**1. Entity Name**  
**HOMETRUST HOLDING CORPORATION**

**Principal Place of Business**  
**6112 WASHINGTON STREET**  
**HOLLYWOOD FL 33023**

**Mailing Address**  
**6112 WASHINGTON STREET**  
**HOLLYWOOD FL 33023**

**2. Principal Place of Business**  
**6122 Washington St.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**6122 Washington St.**  
 Suite, Apt. #, etc.

**City & State**  
**Hollywood, Florida**  
**Zip** **33023** **Country** **USA**

**City & State**  
**Hollywood, Florida**  
**Zip** **33023** **Country** **USA**

**4. FEI Number** **65-0495293**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**LARRY BECKFORD**  
**6122 WASHINGTON STREET**  
**HOLLYWOOD FL 33023**

**7. Name and Address of New Registered Agent**

**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.**

**SIGNATURE** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>BECKFORD, LARRY</b>	
<b>STREET ADDRESS</b> <b>10215 CARACAS ST</b>	
<b>CITY-ST-ZIP</b> <b>COOPER CITY FL 33026</b>	
<b>TITLE</b> <b>Joyce Beckford</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
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<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <b>Joyce Beckford</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St.</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	
<b>TITLE</b> <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>VP</b>	
<b>STREET ADDRESS</b> <b>6122 Washington St</b>	
<b>CITY-ST-ZIP</b> <b>Hollywood, FL 33023</b>	

**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 my address, with all other like empowered.**

**SIGNATURE:** LARRY BECKFORD  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/02** **954-964-704**  
 Date Daytime Phone #

CR2E034 (9/01)