

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038218

1. Entity Name

HOMELAND CONSTRUCTION COMPANY, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 037 ***550.00

Principal Place of Business

46 W. GROVE AVE.
 SEAGROVE BCH. FL 32459
 US

Mailing Address

46 W. GROVE AVE.
 SEAGROVE BCH. FL 32459
 US

00081908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

187 CAMPBELL ST.

Suite, Apt. #, etc.

3. Mailing Address

119 E. GROVE AVE.

Suite, Apt. #, etc.

City & State

SEAGROVE BCH., FL 32459

City & State

SEAGROVE BCH., FL

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

4. FEI Number

59-3255741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BEARD, WAYNE T
 46 W. GROVE AVE.
 SEAGROVE BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

119 E. GROVE AVE

City

SEAGROVE BCH., FL

FL

Zip Code

32459

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

Wayne Beard

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **BEARD, WAYNE T**
 STREET ADDRESS **46 W. GROVE AVE.**
 CITY-ST-ZIP **SEAGROVE BCH. FL 32459**

TITLE **S** ☐ Delete
 NAME **CYNTHIA M. BEARD**
 STREET ADDRESS **119 E GROVE AVE**
 CITY-ST-ZIP **SEAGROVE BEACH, FL 32459**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

CYNTHIA BEARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #