2000 UNIFORM BUSINESS REPORT (UBR)

07-19-2000 90002 008 ***150.00
P94000047075

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047075

1. Entity Name

HOME TEAM REALTY, INC.

Principal Place of Business

1505 LAKEVIEW ROAD
CLEARWATER FL 34616

Mailing Address

1505 LAKEVIEW ROAD
CLEARWATER FL 33756-3647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-3252348

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
SUITE 100
CLEARWATER FL 34623

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, 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

TITLE	D	Delete
NAME	MILLER, JERALYN H	
STREET ADDRESS	1505 LAKEVIEW ROAD	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		Delete
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
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TITLE		Change / Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Jeralyn M Miller 04-10-00 (727) 447-7356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #