

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90146 017 ***150.00

DOCUMENT # **PA4 00047073**
1. Entity Name
Home TEAM REALTY INC



DO NOT WRITE IN THIS SPACE

40066834

2. Principal Place of Business
1505 LAKEVIEW RD
Suite, Apt. #, etc.

3. Mailing Address
1505 LAKEVIEW RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clearwater
Zip
33756
Country
Pineellas

City & State
Clearwater
Zip
FL
Country
Pineellas

4. FEI Number
59-3252348
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jesslyn Miller - Pres 1505 LAKEVIEW RD Clearwater FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres 1505 Ln
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jesslyn H Miller President 04-22-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)