

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90072 014 \*\*\*150.00

**DOCUMENT # P94000049444**

1. Entity Name

**HOMEFINDER SERVICES, INC.**

Principal Place of Business

**13526 STACEY SR  
HUDSON FL 34667**

Mailing Address

**13526 STACEY SR  
HUDSON FL 34667**

2. Principal Place of Business

**4466 PLUMOSA STREET**

Suite, Apt. #, etc.

3. Mailing Address

**4466 PLUMOSA STREET**

Suite, Apt. #, etc.

City & State

**SPRING HILL, FLORIDA**

City & State

**SPRING HILL, FLORIDA**

4. FEI Number

**59-3254600**

Applied For

Not Applicable

Zip

**34607**

Country

**U.S.A.**

Zip

**34607**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURTIS, JOHN  
13526 STACEY DR  
HUDSON FL 34667**

Name

**CURTIS, JOHN**

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

**4466 PLUMOSA STREET**

City

**SPRING HILL,**

**FL**

Zip Code

**34607**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete  
NAME **CURTIS, CLARE**  
STREET ADDRESS **13526 STACEY DR**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **CURTIS, CLARE**  
STREET ADDRESS **4466 PLUMOSA STREET**  
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **PD** ☐ Delete  
NAME **CURTIS, JOHN**  
STREET ADDRESS **13526 STACEY DR**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **CURTIS, JOHN**  
STREET ADDRESS **4466 PLUMOSA STREET**  
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Clare Curtis*

**CLARE CURTIS**

**4-5-01 352-592-3624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)