

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90112 014 ***150.00

DOCUMENT # P95000004197

1. Entity Name
HOMETOWN NEIGHBORHOODS, INC.



Principal Place of Business
**1405 PARK AVE
SUITE 101
FERNANDINA BEACH FL 32034**

Mailing Address
**P.O. BOX 401
FERNANDINA BEACH FL 32035**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3297818**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**EMBRY, JOEL E
1812 HIGHLAND DRIVE
FERNANDINA BEACH FL 32034**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | EMBRY, JOEL E | |
| STREET ADDRESS | 1812 HIGHLAND DRIVE | |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | EMBRY, MARY | |
| STREET ADDRESS | 1812 HIGHLAND DRIVE | |
| CITY-ST-ZIP | FERNANDINA BEACH FL 32034 | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL E EMBRY **SIGNATURE REQUIRED** JOEL E Embry 1-7-03 904-261-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)