

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055219

1. Entity Name

HOME USA MARKETING SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90105 021 ***150.00

Principal Place of Business

Mailing Address

~~4409 SUMMER OAK DR~~
TAMPA FL 33624

~~4409 SUMMER OAK DR~~
TAMPA FL 33624-5356

2. Principal Place of Business

10705 Preserve Lake Dr.

3. Mailing Address

P.O. Box 272454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 207

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

Country

33626

Zip

Country

33688-2454

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFEVRE, GEORGE

~~4409 SUMMER OAK DR~~
TAMPA FL 33624

10705 Preserve Lake Dr.
Suite 207
Tampa FL 33626

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LEFEVRE, GEORGE
CITY-ST-ZIP ~~4409 SUMMER OAK DR~~ 10705 Preserve LK Dr.
TAMPA FL 33624 Tampa FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 813-601-7363