

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 006 ***150.00

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DOCUMENT # P95000065450

1. Entity Name
HOMETOWN MORTGAGE CORP.



Principal Place of Business
~~9000 W SHERIDAN ST
SUITE 473
HOLLYWOOD FL 33024~~

Mailing Address
~~9000 W SHERIDAN ST
SUITE 473
PENSACOLA FL 32504~~



2. Principal Place of Business
13736 SW 40th Street

Suite, Apt. #, etc.

3. Mailing Address
13736 SW 40th Street

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number **65-0609078**

Applied For
 Not Applicable

Zip **33330-5710** Country **USA**

Zip **33330-5710** Country **USA**

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

6. Name and Address of Current Registered Agent

BONATE, DOUGLAS J
~~9000 W SHERIDAN ST
SUITE 473
HOLLYWOOD FL 33024~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13736 SW 40th Street

City **Davie** FL Zip Code **33330-5710**

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 *Doug J Bonate* *Doug J Bonate* **4-25-03**

Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BONATE, DOUGLAS J 9000 W SHERIDAN ST SUITE 473 HOLLYWOOD FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BONATE, SHELLEY 9000 W SHERIDAN ST SUITE 473 HOLLYWOOD FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13736 SW 40th Street Davie, FL 33330-5710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13736 SW 40th Street Davie, FL 33330-5710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Doug J Bonate* **4-25-03** **954-236-5557**

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

CR2E034 (10/02)