## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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## Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P95000071233 1. Entity Name HOMEBASE PROPERTIES, INC. 02-13-2001 90002 024 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 490388 2002 S SOUTH ST LEESBURG FL 34748 LEESBURG FL 34749-0388 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3338908 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAIGNEAU, BRIAN N Street Address (P.O. Box Number is Not Acceptable) 2002 SOUTH ST. **LEESBURG FL 34748** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ST NAME DAIGNEAU, BRIAN STREET ADDRESS STREET ADDRESS 2002 SOUTH ST CITY-ST-ZIP CITY-ST-7IP LEESBURG FL 34748 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME CARRUTHERS, JAMES K JR STREET ADDRESS STREET ADDRESS 7640 FROG LOG LANE CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

0.50.767.044/

Brian N. DAIGNEAD Days

FILED