

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90105 049 \*\*\*150.00

**C0063302**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000071997**

1. Entity Name  
**HOMES SWEET HOMES, INC.**

Principal Place of Business Mailing Address  
**926 GOOSE BAYOU ROAD PO BOX 16445**  
**LYNN HAVEN FL 32444 PANAMA CITY FL 32406-6445**  
**US US**

2. Principal Place of Business 3. Mailing Address  
**113 Grand Heron Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

**Panama City Beach FL**

Zip Country Zip Country  
**32407 USA**

4. FEI Number **59-3350886** Applied For  
 Not Applicable

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

**LIPSCOMB, RICHARD C**  
**906 GOOSE BAYOU ROAD**  
**LYNN HAVEN FL 32444**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**113 Grand Heron Drive**

City State Zip Code  
**Panama City Beach FL 32407**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD</b> <b>LIPSCOMB, RICHARD C</b> <b>926 GOOSE BAYOU ROAD</b> <b>LYNN HAVEN FL 32444</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>LIPSCOMB, JILL L.</b> <b>926 GOOSE BAYOU ROAD</b> <b>LYNN HAVEN FL 32444</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>113 Grand Heron Drive</b> <b>Panama City Beach, FL 32407</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>113 Grand Heron Drive</b> <b>Panama City Beach, FL 32407</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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:** *Jill L. Lipscomb* **11 Apr 2000** **850.265.8664**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)