

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90326 042 ***150.00

DOCUMENT # P95000091562

1. Entity Name
HOME DEVELOPMENT CORP. OF SOUTH FLORIDA



Principal Place of Business
15340 TAG RD
STE 100
DELRAY BEACH FL 33446
US

Mailing Address
15340 TAG RD
STE 100
DELRAY BEACH FL 33446
US

2. Principal Place of Business
15340 Jog RD
Suite, Apt. #, etc.

3. Mailing Address
15340 Jog RD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0652135**

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

STEINBERG, ANDREW
15340 JOG RD
SUITE 100
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **STEINBERG, ANDREW**
STREET ADDRESS **15340 JOG RD STE 100**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **V** ☐ Delete
NAME **PACOCOA, STEPHEN**
STREET ADDRESS **15340 JOG RD STE 100**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

V, S
NAME **STEPHEN PACOCOA** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

V, T
NAME **RECHARD A. SWARTZ** ☐ Change ☒ Addition
STREET ADDRESS **15340 Jog Rd Suite 100**
CITY-ST-ZIP **Delray Bch, FL 33446**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____

STEPHEN PACOCOA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

561 638-3600
Daytime Phone #

CR2E034 (10/02)