

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030640

1. Entity Name

HOME PREPARATION CORPORATION

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90111 042 \*\*\*150.00

00052072



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11206 HIGHLAND CIR.  
 BOCA RATON FL 33428

Mailing Address

11206 HIGHLAND CIR.  
 BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0668347

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

7. Name and Address of New Registered Agent

SCHOEN, VAN A  
 11206 HIGHLAND CIR.  
 BOCA RATON FL 33428

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, 2001 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 PVTs ☐ Delete  
 NAME SCHOEN, VAN A  
 STREET ADDRESS 11206 HIGHLAND CIR.  
 CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 8357 Cypress Ln 80  
 CITY-ST-ZIP Boca Raton FL 33433

TITLE D ☐ Delete  
 NAME SCHOEN, VAN A  
 STREET ADDRESS 11206 HIGHLAND CIR.  
 CITY-ST-ZIP BOCA RATON FL 33428

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)