2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P96000068895** 1. Entity Name HOMETOWN REALTY 2000, INC. 04-26-2000 90061 026 ***150.00 Principal Place of Business Mailing Address 6833 S.R. 54 6833 S.R. 54 NEW PORT RICHEY FL 34653 **NEW PORT RICHEY FL 34653** 00074190 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3408762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ZYLKA, BROOKE 6833 S.R. 54 **NEW PORT RICHEY FL 34653** City its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Delete Addition TITLE TITLE ŽÝLKA, BROOKE 69U SR 54 ZYLKA, BROOKE ... NAME NAME / STREET ADDRESS STREET ADDRESS 6833 S.R. 54 JEW PORT RICHEY, PL 34653 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** PST STRICKROOT, PRED ☐ Delete Addition TITLE NAME STRICKROOT, FRED_ 6911 SR 54 STREET ADDRESS STREET ADDRESS 6833 S.R. 54 New PORT RICHEY, FL 34653 CITY-ST-ZIP CITY-ST-ZIF **NEW PORT RICHEY FL 34653** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4 | 22 | 2000

727-842-2966

Daytime Phone #

☐ Change

Addition