

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061629

1. Entity Name

HOME EXPRESS REALTY, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90050 027 ***150.00

Principal Place of Business

739 OAK MANOR CIRCLE
ORLANDO FL 32825

Mailing Address

739 OAK MANOR CIRCLE
ORLANDO FL 32825-6458

2. Principal Place of Business

1410 CASARIO DR
Suite, Apt. #, etc.

3. Mailing Address

1410 CASA RIO DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3458042

Applied For

Not Applicable

Zip

Country

32825

Zip

Country

32825

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

PEDRIANES, AUDY O
739 OAK MANOR CIRCLE
ORLANDO FL 32825

Name

PEDRIANES, AUDY O.

Street Address (P.O. Box Number is Not Acceptable)

1410 Casa Rio DR.

City

ORLANDO,

FL

Zip Code

32825

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

Audy O. Pedrianes

(NOTE: Registered Agent signature required when reinstating)

4-17-00

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, 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	D	<input type="checkbox"/> Delete
NAME	PEDRIANES, AUDY O	
STREET ADDRESS	739 OAK MANOR CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRIANES, AUDY O.	
STREET ADDRESS	1410 CASA RIO DR.	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Audy O. Pedrianes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Audy O. Pedrianes) 4-17-00 (407) 924-6266

CP 1 014 (1/93)