

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90095 005 \*\*\*150.00

**DOCUMENT # P97000065579**

1. Entity Name  
**HOME SEARCH, INC.**



Principal Place of Business  
**3550 BUSCHWOOD PARK  
SUITE 135  
TAMPA FL 33618**

Mailing Address  
**3550 BUSCHWOOD PARK  
SUITE 135  
TAMPA FL 33618**



2. Principal Place of Business  
**3434 Colwell Avenue  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address  
**3434 Colwell Avenue  
Suite, Apt. #, etc.  
Suite 200**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number **65-0782885**

Applied For  
Not Applicable

Zip **33614** Country **U.S.A.**

Zip **33614** Country **U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RIZZETTA, WILLIAM J  
3550 BUSCHWOOD PARK DR  
SUITE 135  
TAMPA FL 33618**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3434 Colwell Avenue  
Suite 200  
City Tampa FL Zip Code 33614**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIZZETTA, WILLIAM J</b>	
STREET ADDRESS	<b>3550 BUSCHWOOD PARK, SUITE 135</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William J. Rizzetta</b>	
STREET ADDRESS	<b>3434 Colwell Avenue, Suite 200</b>	
CITY-ST-ZIP	<b>Tampa, FL 33614</b>	
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		

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:** William J. Rizzetta **SIGNED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)