

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

298000005828

HOMEBOYS OF NICEVILLE, INC

Principal Place of Business

Mailing Address

915 JOHN SIMS PARKWAY  
NICEVILLE FL 32578

915 JOHN SIMS PARKWAY  
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

108 BEAL PARWKAY SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT WALTON BEACH FL

Zip

Country

Zip

Country

32548

4. FEI Number

59-3322844

Applied For

Not Applicable

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

HOWELL, DONNIE  
915 JOHN SIMS PARKWAY  
NICEVILLE FL 32578

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

TITLE D  
NAME HOWELL, DONNIE  
STREET ADDRESS P.O. BOX 75  
CITY - ST - ZIP NICEVILLE FL 32578

Delete

TITLE D  
NAME EDGE, JOHN  
STREET ADDRESS P.O. BOX 75  
CITY - ST - ZIP NICEVILLE FL 32578

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change Addition

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 #

FILED  
02 APR 26 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

45 5/2/02