

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006051

1. Entity Name

HOME BUOY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90006 032 ***150.00

Principal Place of Business 28059 U.S. HIGHWAY 19 NORTH #100 CLEARWATER FL 34621	Mailing Address 28059 U.S. HIGHWAY 19 NORTH #100 CLEARWATER FL 33761-2620
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3491434**

Applied For

Not Applicable

Zip **33761**

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, ROBERT C JR
28059 U.S. HIGHWAY 19 NORTH #100
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name

William J. Kimpton

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

28059 U.S. Highway 19 North, Suite 100

City

Clearwater

FL

Zip Code
33761

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

William J. Kimpton

3/28/00

Signature, typed or printed name of registered agent and used 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNE, THOMAS 28059 U.S. HIGHWAY 19 NORTH #100 CLEARWATER FL 34621	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KIMPTON, WILLIAM J 28059 U.S. HIGHWAY 19 NORTH #100 CLEARWATER FL 34621	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HORNE, CHAD 28059 U.S. HIGHWAY 19 NORTH #100 CLEARWATER FL 34621	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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:

William J. Kimpton, VP

3/28/00

(727) 791-0063

Date

Daytime Phone #