

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90005 021 ***150.00

0209012

DOCUMENT # P98000029642

1. Entity Name
HOME CONCIERGE, INC.

Principal Place of Business
100 S PINE ISLAND RD. #200
PLANTATION FL 33324

Mailing Address
100 S PINE ISLAND RD. #200
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1920 SW 67 TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
1920 SW 67 Terrace
 Suite, Apt. #, etc.

City & State
Plantation FL
 Zip
33317
 Country
USA

City & State
Plantation FL
 Zip
33317
 Country
USA

4. FEI Number **65-0824653**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOPKINS, DAVID J
100 S PINE ISLAND RD, #200
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **HOPKINS DAVID J**
 Street Address (P.O. Box Number is Not Acceptable)
1920 SW 67 Terrace
 City **Plantation** **FL** Zip Code **33317**

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	<input type="checkbox"/> Delete
NAME	HOPKINS, DAVID J
STREET ADDRESS	1920 SW 67 TERR
CITY-ST-ZIP	PLANTATION FL 33317
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 **914-JB71195**
 Date Daytime Phone #

CR2E034 (10/00)