

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90101 013 ***150.00

DOCUMENT # P98000034551

1. Entity Name
HOME REALTY OF LEE COUNTY, INC.

Principal Place of Business

**18386 PIONEER ROAD
 FORT MYERS FL 33908**

Mailing Address

**18386 PIONEER ROAD
 FORT MYERS FL 33908**

2. Principal Place of Business

5141 Breezeway CT

Suite, Apt. #, etc.

3. Mailing Address

5141 Breezeway CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

Zip
32258

Country
Duval

City & State

Jacksonville FL

Zip
32258

Country
Duval

4. FEI Number **65-0827451**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHAW, MERILYN E
 18386 PIONEER ROAD
 FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name **Shaw, Merilyn E**
 Street Address (P.O. Box Number is Not Acceptable)
5141 Breezeway Court
 City **Jacksonville FL** Zip Code **32258**

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

Merilyn E Shaw *President/Broker* **9/13/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DP SHAW, MERILYN E 18386 PIONEER RD FORT MYERS FL 33908	<input checked="" 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 checked="" 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	DP Shaw, merilyn E 5141 Breezeway CT Jacksonville FL 32258	<input checked="" type="checkbox"/> Change <input checked="" 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 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:

Merilyn E Shaw
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/13/02, 904-262-1443

CR2E034 (4/02)

A. Hachmeh

5141 Breezeway Court
Jacksonville FL
32258
OFFICE 904-262-1443
RES. 904-262-1443

Home Realty of Lee County Inc.

P98-000031501

Dept Of State
Division Of Corporations

Please waive the late filing fee as I did not receive a USB form previously.

Merilyn Shaw,
Pres.
Broker/Owner

Merilyn Shaw

