

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042473

1. Entity Name
HME INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90447 019 ***150.00

Principal Place of Business
106 COMMERCE WAY
UNIT A15
JUPITER FL

Mailing Address
PMB 337
6230 W INDIANTOWN RD STE 7
JUPITER FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1515881

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EPSTEIN, JOHN
15211 110TH AVE NORTH
JUPITER FL 33478

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

706 Douglas Dr

City Jupiter

FL

Zip Code 33458

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME EPSTEIN, JOHN
STREET ADDRESS 15211 110TH AVE NORTH
CITY-ST-ZIP JUPITER FL 33478

TITLE P
NAME John Epstein
STREET ADDRESS 706 Douglas Dr
CITY-ST-ZIP Jupiter FL 33458

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)