

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049229

1. Entity Name

HOME BUYERS EXPRESS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90008 015 ***150.00

Principal Place of Business

Mailing Address

116 GARDENA AVENUE
PONTE VEDRA BEACH FL 32082

116 GARDENA AVENUE
PONTE VEDRA BEACH FL 32082-3667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3505510

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

HERPT, CORA LEA W
116 GARDENIA AVENUE
PONTE VEDRA BEACH FL 32082

Name

HEFT, CORA LEA W.

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

116 GARDENIA AVENUE

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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

Cora Lea W. Heft

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

(NOTE: Registered Agent signature required when reinstating)

DATE

05/08/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HEFT, CORA L	
STREET ADDRESS	116 GARDENIA AVENUE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Cora Lea W. Heft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

05/08/00 (904) 273-0579

Daytime Phone #

CR2E034 (9/99)