

UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 19, 2000 8:00 am
Secretary of State

05-01-2000 90452 018 ***150.00

DOCUMENT # P98000054712

1. Entity Name

HOME BUYERS TRAINING CORP.

Principal Place of Business

445 W COLONIAL DR
ORLANDO FL 32804-6801
US

Mailing Address

445 W COLONIAL DR
ORLANDO FL 32804-6801
US

2. Principal Place of Business

537 Deltona Blvd.

Suite, Apt. #, etc.

Ste. 201

City & State

Deltona FL

Zip

Country

32725-8070 USA

3. Mailing Address

P.O. Box 939

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

Country

32771-0939 USA



DO NOT WRITE IN THIS SPACE

59-3603266

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, BOBBY
445 W COLONIAL DR
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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

537 Deltona Blvd

Ste 201

City

State

Zip Code

Deltona

FL

32725-8070

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]

(NOTE: Registered Agent signature required when reinstating)

Bobby Blair

4/27/00

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
D
BLAIR BOBBY,
445 W COLONIAL DR
ORLANDO FL 32804-6801

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
537 Deltona Blvd. Ste 201
Deltona, FL 32725-8070

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

407-860-7900

CR2E034 (9/99)