2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072106 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name HOME SOLVERS, INC. 04-18-2000 90237 010 ***150.00 Principal Place of Business Mailing Address 3926 SOUTHEAST 120TH STREET PO BOX 1122 OCALA FL 34478-1122 BELLEVIEW FL 34420 3. Mailing Address 5352 2. Principal Place of Business ham Wr DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Gity & State 59-3530585 argo Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Addition ☐ Delete TITLE TITLE BARTSCH, CHARLENE NAME NAME 3926 SOUTHEAST 120TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLEVIEW FL 34420** Change ☐ Addition ٧D ☐ Delete TITLE BARTSCH, GARY NAME NAME STREET ADDRESS STREET ADDRESS 3926 SOUTHEAST-120TH STREET CITY-ST-ZIP CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Addition ☐ Delete TITLE TITLE BARTSCH, ANTHONY-MAME MANAF STREET ADDRESS 3926 SOUTHEAST 120TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BELLEVIEW FL 34420 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC