

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 013 ***558.75

DOCUMENT # **P98000105714**

1. Entity Name

Homes Plus Enterprises INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

534 N. Valrico RD.

Suite, Apt. #, etc.

3. Mailing Address

534 N. Valrico RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number

59-3547292

Applied For

Not Applicable

Zip

Country

33594

U.S.A.

Zip

Country

33594

U.S.A.

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

- JAMES C. Reynolds

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

534 N. Valrico Rd.

City

Valrico

FL

Zip Code

33594

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	JAMES C. Reynolds
NAME	534 N. Valrico RD.
STREET ADDRESS	Valrico, FL 33594
CITY-ST-ZIP	president
TITLE	Vice president
NAME	Terri K. Williams
STREET ADDRESS	534 N. Valrico Rd.
CITY-ST-ZIP	Valrico FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Terri Williams** 9-1302 8136620662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #