2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000006224 **DOCUMENT #**

1. Entity Name

HOMER'S OF WEST PALM BEACH, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90184 023 ***150.00



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rincipal Place of Busi 817 S DIXIE HWY VEST PALM BEACH FL		1451A N	Address N. MISSOURI AVE. FL 33770								
. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					12	CHECK HERE	IF MAKING		·
City & State		City 8	& State			4. F	FEI Number	65-0893484	1	<u> </u>	lied For Applicable
Zip	Country	Zip		Cour	ntry	5. (Certificate of S	Status Desired		\$8.75 Addi Fee Required	
•			d Amount	<u> </u>			Name and Ad	dress of New	Registered	Agent	
6. N	lame and Address of Curre	nt Hegistered	u Agent		Name						
MCNAMARA, TH	OMAS P				Street Addi	ress (P.O. B	Box Number is	Not Acceptab	le)		
2909 BAY TO BA	y Blvd., Ste. 309										
TAMPA FL 3362					City			1	F	_ ı	
	d entity submits this statemen	. 6 44	and of observing it	s reniste	red office or re	gistered ac	gent, or both,	in the State of F	Florida. I an	n familiar with,	and accept
The above named the obligations of	t entity submits this statemen registered agent.	nt for the purp	ose or changing to	o rogisto		_ •					
									DATE		
SIGNATURE	e typed or printed name of registered as	gent and title if app	oficable. (NO	TE: Register	red Agent signature	required when t	reinstating)				
Signature FILE N	e, typed or printed name of registered as OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.	00	flicable. (NO	OTE: Register	ored Agent signature		9. Elect	tion Campaign Fund Contribu	Financing tion.	Added	May Be to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #