

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013157

1. Entity Name

HOMES YOURWAY, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90059 019 ***150.00

Principal Place of Business

8207 GRAND BAY BLVD.
PANAMA CITY BEACH FL 32408

Mailing Address

8207 GRAND BAY BLVD.
PANAMA CITY BEACH FL 32408-5243

2. Principal Place of Business

2111 THOMAS DR.

3. Mailing Address

8207 GRAND BAY BLVD

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BEACH, FL

City & State

PANAMA CITY BEACH, FL

4. FEI Number

59-3559639

Applied For

Not Applicable

Zip

32408

Country

USA

Zip

32408

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMBATHY, JULIE A
434 MAGNOLIA AVE.
PANAMA CITY FL

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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	D	<input type="checkbox"/> Delete
NAME	WALLACE, FAYE	
STREET ADDRESS	8207 GRAND BAY BLVD.	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, KRISTINA	
STREET ADDRESS	3656 MELROSE COTTAGE DR.	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

FAYE WALLACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00
Date

850-236-1900
Daytime Phone #

CR2E034 (9/99)