

AMENDMENT

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028339

1. Entity Name

HOME CO CONSULTING, INC.
3941 NE 13th Avenue

Principal Place of Business

Mailing Address

3941 NE 13th Avenue

2. Principal Place of Business

11200 NW 50th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL 33325

City & State

Zip

33325

Country

USA

Zip

Country

4. FEI Number

65-0906384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Michael W. Brubeck
3941 NE 13th Avenue
Oakland Park, FL 33334

7. Name and Address of New Registered Agent

Name Maxine Hagey

Street Address (P.O. Box Number is Not Acceptable)
11200 NW 50th Street

City Plantation

FL

Zip Code 33325

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 Maxine Hagey, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

April 30, 00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P, VP, S ☒ Delete
NAME Michael W. Brubeck
STREET ADDRESS 3941 NE 13th Avenue
CITY-ST-ZIP Oakland Park, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P, VP, S, T ☐ Change ☐ Addition
NAME Maxine Hagey
STREET ADDRESS 11200 NW 50th Street
CITY-ST-ZIP Plantation, FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: Maxine Hagey

Maxine Hagey

April 30, 00

954-476-9482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

SP