

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035181

1. Entity Name

HOMETIME MORTGAGE SERVICES INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90200 038 \*\*\*150.00

Principal Place of Business

Mailing Address

7402 N. 56TH ST., SUITE 835  
TAMPA FL 33617

7402 N. 56TH ST., SUITE 835  
TAMPA FL 33617

RUUD1413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3574372

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES INC  
526 E PARK AVE  
TALLAHASSEE FL 32301

Name: Curtis Britt  
Street Address (P.O. Box Number is Not Acceptable): 2201 ARBOR OAKS DRIVE  
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) ☐

**FEE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PCOE  
NAME: FREED, MICHAEL S.  
STREET ADDRESS: % 7402 N. 56TH STREET, SUITE 835  
CITY-ST-ZIP: TAMPA FL 33617 ☒ Delete

TITLE: Curtis Britt  
NAME: Curtis Britt  
STREET ADDRESS: 2201 ARBOR OAKS DRIVE  
CITY-ST-ZIP: VALRICO, FL 33594 ☐ Change ☒ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)