2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000035187** Apr 05, 2000 8:00 am Secretary of State HOMESTEAD TITLE OF PINELLAS, INC. 04-05-2000 90111 022 ***150.00 Mailing Address Principal Place of Business 7150 SEMINOLE BOULEVARD 7150 SEMINOLE BOULEVARD SEMINOLE FL 33772-5935 SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable 59-3570635 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIDD, LYNN K Street Address (P.O. Box Number is Not Acceptable) 7150 SEMINOLE BOULEVARD SEMINOLE FL 33772 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees \X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE lov XX Addition TITLE ☐ Delete JOHNSON, BRIAN E NAME NAME Viola Susan Collett STREET ADDRESS 7190 SEMINOLE BOULEVARD STREET ADDRESS 5450 Bayshore Drive CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-ZIP Seminole, FL 33772 ☐ Delete ☐ Change **X**Addition TITLE TITLE KIDD, LYNN K NAME NAME Judith A. Rader 11703 92ND WAY NORTH STREET ADDRESS STREET ADDRESS 5040 86th Avenue North CITY-ST-ZIP **LARGO FL 33773** CITY-ST-ZIP Pinellas Park, FL 33782 Change ☐ Addition TITLE X X Selete ALLEY, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS 8884 ROSETREE PLACE CITY-ST-ZIP **LARGO FL 33788** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATORE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Kidd, President

1/3/2000

727 392-4882

Date

Davtime Phone #