

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035562

1. Entity Name

HOME TEAM ADVANTAGE, INC.

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

05-26-2000 90123 030 ***150.00

Principal Place of Business

124 S. FEDERAL HIGHWAY, #1A
 POMPAÑO BEACH FL 33062

Mailing Address

124 S. FEDERAL HIGHWAY, #1A
 POMPAÑO BEACH FL 33062-5309

2. Principal Place of Business

4836 NE 10 Ave

Suite, Apt. #, etc.

3. Mailing Address

4836 NE 10 Ave

Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

Oakland Park FL

4. FEI Number

65-0921150

Applied For

Not Applicable

Zip 33334

Country USA

Zip 33334

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, DOUGLAS S
 124 S. FEDERAL HIGHWAY, #1A
 POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Livingston, Douglas

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

4836 NE 10 Ave

City

Oakland Park

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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	<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	
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 checked="" type="checkbox"/> Addition
NAME	G. Livingston, Douglas
STREET ADDRESS	1820 NW 33 CT
CITY-ST-ZIP	Oakland Park, FL 33309
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S.T. Parnes, Hillary
STREET ADDRESS	1820 NW 33 CT
CITY-ST-ZIP	Oakland Park, FL 33309
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
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

954 2299644

Daytime Phone #

CR2E034 (9/99)