

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 05, 2000 8:00 am  
Secretary of State

05-17-2000 90931 012 \*\*\*150.00

DOCUMENT # P99000042072

1. Entity Name

HOMETOWNSHOPPING.COM, INC.

*R*

Principal Place of Business

Mailing Address

1115A SOUTHAMPTON DR.  
PORT ORANGE FL 32119

1115A SOUTHAMPTON DR.  
PORT ORANGE FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

☒ 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

BECKER, JAMES H  
1115A SOUTHAMPTON DR.  
PORT ORANGE FL 32119

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, JAMES H 1115A SOUTHAMPTON DR. PORT ORANGE FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

4/28/00

904-451-2494

Date

Daytime Phone #

CR2E034 (9/99)

Form **SS-4**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

P99000042072

106068

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

**1** Name of applicant (legal name) (see instructions)

hometownshopping.com, inc.

**2** Trade name of business (if different from name on line 1)**3** Executor, trustee, "care of" name**4a** Mailing address (street address) (room, apt., or suite no.)

1115 A SOUTHAMPTON DR

**5a** Business address (if different from address on lines 4a and 4b)**4b** City, state, and ZIP code

PORT ORANGE, FL 32119

**5b** City, state, and ZIP code**6** County and state where principal business is located

VOLUSIA COUNTY FLORIDA

**7** Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

JAMES N. BECKER

385-44-4557

**8a** Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☒ Sole proprietor (SSN) 385 141 4557☐ Estate (SSN of decedent)☐ Partnership☐ Personal service corp.☐ Plan administrator (SSN)☒ REMIC☐ National Guard☐ Other corporation (specify) ►☐ State/local government☐ Farmers' cooperative☐ Trust☐ Church or church-controlled organization☐ Federal government/military☐ Other nonprofit organization (specify) ►

(enter GEN if applicable)

☐ Other (specify) ►**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State

FLORIDA

Foreign country

**9** Reason for applying (Check only one box.) (see instructions)☐ Started new business (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Hired employees (Check the box and see line 12.)☐ Purchased going business☐ Created a pension plan (specify type) ►☐ Created a trust (specify type) ►☒ Other (specify) ► STATE REGISTRATION**10** Date business started or acquired (month, day, year) (see instructions)**11** Closing month of accounting year (see instructions)

DECEMBER

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ► N/A**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural

Agricultural

Household

0

0

0

**14** Principal activity (see instructions) ► INTERNET**15** Is the principal business activity manufacturing? . . . . .☐ Yes☒ No

If "Yes," principal product and raw material used ►

**16** To whom are most of the products or services sold? Please check one box.☐ Business (wholesale)☐ Public (retail)☒ Other (specify) ► ADVERTISING☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .☐ Yes☐ No

Note: If "Yes," please complete lines 17b and 17c.

**17b** If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

**17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(904) 451-2494

Fax telephone number (include area code)

(904) 756-6939

Name and title (Please type or print clearly.) ► James N. Becker, PRES

Signature ►

Date ► 6/25/00

Note: Do not write below this line. For official use only.

Please leave blank ►

Gao.

Ind.

Class

Size

Reason for applying