

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90203 047 ***150.00

0554870

DOCUMENT # P99000043857

1. Entity Name
MARGARET HOMAN, INC.

Principal Place of Business
**9300 LONG ISLAND RD.
 BROOKSVILLE FL 34613**

Mailing Address
**9300 LONG ISLAND RD.
 BROOKSVILLE FL 34613**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7376 Broad Street

3. Mailing Address
7376 Broad Street

Suite, Apt. #, etc.

City & State
Brooksville, FL

City & State
Brooksville, FL

4. FEI Number **59-3705033** Applied For
 Not Applicable

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

Zip Country Zip Country
34601 HERNANDO 34601 HERNANDO

6. Name and Address of Current Registered Agent
**HOMAN, MARGARET
 9300 LONG ISLAND RD.
 BROOKSVILLE FL 34613**

7. Name and Address of New Registered Agent
 Name **MARGARET HOMAN**
 Street Address (P.O. Box Number is Not Acceptable)
7376 Broad Street
 City **Brooksville** FL Zip Code **34601**

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 **Margaret Homan** DATE **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE 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 NAME STREET ADDRESS CITY-ST-ZIP	PT HOMAN, MARGARET 9300 LONG ISLAND ROAD BROOKSVILLE FL 34613 <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	VP HOMAN, LESLIE C 9300 LONG ISLAND ROAD BROOKSVILLE FL 34613 <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	LESLIE C. HOMAN III 9335 Long Island Rd Brooksville, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR LESLIE C. HOMAN III 9335 Long Island Road Brooksville, FL 34613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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

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: **Margaret Homan Pres.** DATE: **4-27-01** DAYTIME PHONE #: **(352) 796-1794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)