

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2002 8:00 am
Secretary of State

05-31-2002 90001 029 ***150.00

DOCUMENT # *P99000043857*

1. Entity Name

MARGARET HOMAN, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7376 BROAD STREET

3. Mailing Address

Same As 2.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL.

City & State

4. FEI Number

59-3577033

Applied For

Not Applicable

Zip

34601

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT/D MARGARET HOMAN 9300 LONG ISLAND RD BROOKSVILLE, FL 34613</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. PRES/D LESLIE C. HOMAN 9300 LONG ISLAND RD BROOKSVILLE, FL 34613</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEC/TREAS/D LESLIE C. HOMAN III 9335 LONG ISLAND RD. BROOKSVILLE, FL 34613</i>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Homan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-02 (352) 796-1794
Date Daytime Phone #

CR2E034B (12/01)