

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046416

1. Entity Name

HOMETOWN TOUCH REAL ESTATE COMPANY

**FILED**  
Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90017 010 \*\*\*150.00

Principal Place of Business

23494 WESTCHESTER BOULEVARD  
PORT CHARLOTTE FL 33980

\*Mailing Address

23494 WESTCHESTER BOULEVARD  
PORT CHARLOTTE FL 33980-8455

2. Principal Place of Business

949 TAMiami Trail

3. Mailing Address

23468 Westchester Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33953

Country

USA

Zip

33980

Country

USA

4. FEI Number

65-0925888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ASCIUTTO, MARK  
23494 WESTCHESTER BOULEVARD  
PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name

Lucy Ascianto

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

23468 Westchester Blvd

City

Port Charlotte

FL

Zip Code

33980

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

Lucy Ascianto, Sec. Treas. Lucy Ascianto Secretary Treasurer 1/31/00

Signature, type 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ASCIUTTO, MARK	
STREET ADDRESS	23494 WESTCHESTER BOULEVARD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ASCIUTTO, ACELA	
STREET ADDRESS	23494 WESTCHESTER BOULEVARD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Hobson	
STREET ADDRESS	215 FAH ST	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY ASCIUTTO	
STREET ADDRESS	23468 Westchester Blvd	
CITY-ST-ZIP	Port Charlotte, FL 33980	
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:

Lucy Ascianto Lucy Ascianto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

941-6853115

Daytime Phone #

CR2E034 (9/99)