

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000046833**

1. Entity Name

HOME ADVERTISING, INC.**FILED****00 OCT 26 PM 12:49****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**46 BOUNDARY BLVD., UNIT #7
ROTUNDA FL 33946****C/O RON DUBIN
8 AMBERJACK PLACE
CAPE HAZE FL 33946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0922823

Applied

Not Applied

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, DENNIS
46 BOUNDARY BLVD., UNIT #7
ROTUNDA FL 33946**

Name

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

City

FL

Zip Code

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(This space is reserved for printed name of registered agent and used if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May
Added to Fee**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
President	Dennis Johnson	46 Boundary #7	Rotunda, FL 33947	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Add
		600003464596--4	-11/15/00--01082--006	☐	☐
		****550.00	****550.00	☐	☐
TITLE	NAME	STREET ADDRESS <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-STATE-ZIP	☐ Change	☐ Add
TITLE	NAME	STREET ADDRESS <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-STATE-ZIP	☐ Change	☐ Add
TITLE	NAME	STREET ADDRESS <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-STATE-ZIP	☐ Change	☐ Add
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TITLE	NAME	STREET ADDRESS <td>CITY-STATE-ZIP</td> <td>☐ Change</td> <td>☐ Add</td>	CITY-STATE-ZIP	☐ Change	☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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. 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, changed or on an attachment with an address, with another like empowered.

SIGNATURE:

Dennis Johnson**9/21/00****941-769-3754**