√2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name HOMEOWNER SALES, INC.							Secretary of State 02-20-2001 90015 004 ***150.00					
Principal Place 6725 NORWOO JACKSONVILLE	D AVE.	ss	Mailing Address 6725 NORWOOD AVE. JACKSONVILLE FL 32200	RWOOD AVE.								
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2. Principal P	Place of Busi	ness	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WR	ITE IN THI	S SPACE		
City & State			City & State			4. F	4. FEI Number 59-3587496 Applied Fo					
Zip	Zip Country		Zip Coun		itry	5. Certificate of Status Desi				\$8.75 Ad	ditional	
	6. Name	and Address of Curren	t Registered Agent	_		7. N	lame and A	ddress of New	Registere			
			-		Name				-			
MOORE, RONALD E 6725 NORWOOD AVE. JACKSONVILLE FL 32208					Street Address	s (P.O. B	ox Number i	s Not Acceptab	le)			
JACKSUNVILLE PL 32200										■ Zip Coo	de	
					City				<u>F</u>	L		
8. The above	named entit	y submits this statement f	or the purpose of changing	its register	ed office or regist	tered age	ent, or both,	in the State of F	lorida.			
SIGNATURE.	Signature, typed	or printed name of registered agen	and title if applicable. (N	OTE: Registere	d Agent signature requir	red when rei	instating)		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, 2001 Fee will be \$550.00 Make Check Payable to Department of St					on Campaign Fi Fund Contributi	_		OO May Be d to Fees	
11.		OFFICERS AND	DIRECTORS	12.		ADI	DITIONS/CI	HANGES TO OF	FICERS AN	D DIRECTOR	3S (N 11	
TITLE NAME STREET ADDRESS	6725 NO	RONALD E RWOOD AVE	☐ Delete		EET ADDRESS					☐ Change	☐ Addition	
CITY-ST-ZIP	JACKSON	WILLE FL 32208	Delete	TITLE	-ST-ZIP					Change	Addition	
TITLE NAME			L_1 Detete	NAM						ondinge		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP			· .				
TITLE			☐ Delete	TITL	l			~_		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	74 - 44	- <u>-</u> -	<u>ين ۽ ان </u>	STRE	ET ADORESS -ST-ZIP			tage factors and	• ,			
TITLE			☐ Delete	TITL				·		☐ Change	☐ Addition	
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TITLE			☐ Delete	TITLE						☐ Change	Addition	
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CITY-ST-ZIP					-ST-ZIP							
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NAME STREET ADDRESS				NAM								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
13. I hereby of indicated of the corp changed,	ertify that the on this reper poration or th or on an atta	e inf ormati on supplied with tor supplemental report in the receiver of trustee emp achment with an address,	n this filing does not qualify is true and accurate and tha owered to execute this repowere with all other like empowere	t my signal ort as requi ed.	mption stated in S rure shall have the red by Chapter 60	e same le 07, Florid	19.07(3)(i), l egal effect a la Statutes; i	Florida Statutes. s if made under and that my nam	I further coath; that ae appears	ertify that the i I am an officer in Block 11 o	nformation r or director or Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR