

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

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91598 011 ***150.00

DOCUMENT # **P99000067801**

1. Entity Name

HomeSource Financial Corporation

673041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 N Mills Ave

3. Mailing Address

140 N Mills Ave

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

US

Zip

32789

Country

US

4. FEI Number

59-3588344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Johnnie P. James

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

11 S Bumby Ave

Suite 200

City

Orlando

FL

Zip Code

32803

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
**PSD
Brooks, Barry B
1251 Via Estrella
Winter Park, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
Brooks, Amy R
1251 Via Estrella
Winter Park, FL 32789**

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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)(f), 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:

Amy B Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 4075390645
Date Daytime Phone #

CR2E034B (12/01)