

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2000 90058 034 \*\*\*150.00

**DOCUMENT # P99000068599**

1. Entity Name  
**HOMEUSA MORTGAGE INC.**

Principal Place of Business <del>4409 SUMMER OAK DR.</del> <del>TAMPA FL 33624</del>	Mailing Address <del>4409 SUMMER OAK DR.</del> <del>TAMPA FL 33624 6356</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3032 Jodi Ln</b> Suite, Apt. #, etc.	3. Mailing Address <b>3032 Jodi Lane</b> Suite, Apt. #, etc.
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City & State <b>Palm Harbor, FL</b>	City & State <b>Palm Harbor, FL</b>	4. FEI Number <b>59-3596242</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34684</b>	Country <b>Pinellas</b>	Zip <b>34684</b>	Country <b>Pinellas</b>

6. Name and Address of Current Registered Agent <b>LFEVRE, GEORGE</b> <del>4409 SUMMER OAK DR.</del> <del>TAMPA FL 33624</del>	7. Name and Address of New Registered Agent Name: <b>George E Lefevre</b> Street Address (P.O. Box Number is Not Acceptable): <b>10708 Preserve Lake Dr</b> <b>Suite 207</b> City: <b>Tampa</b> <b>FL</b> Zip Code: <b>33626</b>
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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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LFEVRE, GEORGE</b> <del>4409 SUMMER OAK DR.</del> <b>TAMPA FL 33624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARTON, SANDRA KYLE</b> <del>16406 BOYETTE RD.</del> <del>RIVERVIEW FL 33569</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kimberly Ai</b> <b>3032 Jodi Ln</b> <b>Palm Harbor, FL 34684</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ DATE: **4/25/00** DAYTIME PHONE #: **723-789-2273**

CR2E034 (9/99)