

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072253

1. Entity Name

HOME PORT REALTY & ASSOCIATES, INC.

FILED

01 SEP 18 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6632 HANLEY RD TAMPA FL 33615		Mailing Address 6632 HANLEY RD TAMPA FL 33615	
2. Principal Place of Business 10014 N. Dale Mabry Hwy Suite, Apt. #, etc. 101 City & State Tampa, FL Zip 33618		3. Mailing Address 10014 N. Dale Mabry Hwy Suite, Apt. #, etc. 101 City & State Tampa FL Zip 33618	
Country Hillsborough		Country Hillsborough	

4. FEI Number 59-3590535	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WATKINS, CARL T 7345 JACKSON SPRINGS RD TAMPA FL 33634	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>Virginia D. Davis</u> DATE <u>9/11/2001</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DAVIS, VIRGINIA D 6320 MEMORIAL HWY TAMPA FL 33615 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D VIRGINIA D. DAVIS 8325 RIVER HIGHLAND PL TAMPA, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DAVIS, VIRGINIA D 8325 RIVER HIGHLAND PL TAMPA, FL 33617 <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	
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: <u>Virginia D. Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>9/11/2001</u> <small>Date</small>	DAYTIME PHONE: <small>Daytime Phone #</small>
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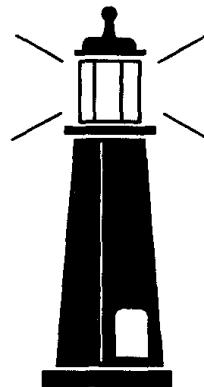
CR2E034 (5/01)

ATTACHMENT
2042

*Home Port Realty & Associates, Inc.
10014 N. Dale Mabry Hwy.
Suite 101
Tampa, Fl 33618*

Phone: 813-908-0700

P99000072253



September 11, 2001

To Whom It May Concern:

I am asking that just this one time could you waive the fee of \$400.00.

I did not receive my form till after the time had passed to file. Our regular mail man had knee surgery and we must have had 6 different mail men. In this time I moved my office location.

I thank you in advance for your consideration.

Sincerely,

Virginia D. Davis

Virginia D. Davis
Officer & Director
Home Port Realty & Assoc., Inc