

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**  
 05-10-2000 90177 029 \*\*\*150.00

**DOCUMENT # P99000072269**

1. Entity Name  
**HOMEOWNERINC.COM INCORPORATED**

Principal Place of Business 1720 HARRISON ST., STE. 1810 HOLLYWOOD FL 33020	Mailing Address 1720 HARRISON ST., STE. 1810 HOLLYWOOD FL 33020-6812
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0969689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**ROBERTS, MARK O III**  
**1720 HARRISON ST., STE. 1810**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 Name **David E. Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1720 Harrison St. STE 1810**  
 City **Hollywood, FL** Zip Code **33020**

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 **David E. Miller, R.A., Treasurer 1-17-00**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1720 HARRISON ST., STE. 1810		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DAVID E		NAME		
STREET ADDRESS	1720 HARRISON ST., STE. 1810		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWE, KATHLEEN		NAME		
STREET ADDRESS	1720 HARRISON ST., STE. 1810		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Craig Thomas	
STREET ADDRESS			STREET ADDRESS	1720 Harrison St. STE 1810	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE	V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bill Leon	
STREET ADDRESS			STREET ADDRESS	1720 Harrison St., STE 1810	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **1-17-00** (954) 925-8355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)