04/30/2001 16:46 7273271224

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90036 027 ***150.00

DOCUMENT # P99000091494

658674

DO NOT WRITE IN THIS SPACE

1. Entity Name
THE HOME TOWN GROUP, INC.

Principal Place of Business	Mailing Address
3621 CENTRAL AVENUE ST. PETERSBURG FL 33713	3621 CENTRAL AVENUE ST. PETERSBURG FL 33713

2. Principal Place of Business	3. Mailing Address
3540 - 5th Ave N	3540 - 5th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33713 Country: USA	Zip: 33713 Country: USA

4. FEI Number 59-3637836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEFORNEAU, SUZANNE 36 CENTRAL AVENUE MIAMI FL 33173	Name: Letourneau, Suzanne Street Address (P.O. Box Number is Not Acceptable): 11350 7th ST E City: Treasure Island FL Zip Code: 33706

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 _____ 4/30/01
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) ☐

FILE NOW! FEE IS $150.00
After May 1, 2001, Fee Will Be $400.00
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	PDC LETOURNEAU, SUZANNE E 3621 CENTRAL AVENUE ST. PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOBLE, STEVEN C 3621 CENTRAL AVENUE ST. PETERSBURG FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KINGZETT, JAMES M 3621 CENTRAL AVENUE ST. PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVD KINGZETT, ALEXANDRA R 3621 CENTRAL AVENUE ST. PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/30/01 (727-368-0192)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #