

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093565

1. Entity Name

HOME SOLUTIONS REALTY INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90200 001 ***150.00

Principal Place of Business

5300 N.W. 74TH TERRACE
LAUDERHILL FL 33319

Mailing Address

5300 N.W. 74TH TERRACE
LAUDERHILL FL 33319-6355

2. Principal Place of Business

4554 N. University Dr.

3. Mailing Address

4554 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33351

Country

Zip

33351

Country

4. FEI Number

65-0956247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, TRENNER J II
5300 N.W. 74TH TERRACE
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

Trenner J. Tompkins II

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

4554 N. University Dr.

City

Lauderhill

FL

Zip Code

33351

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

J. Tompkins II

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSV
TOMPKINS, TRENNER J II
5300 NW 74TH TERRACE
LAUDERHILL FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMPKINS, TRENNER J II
5300 NW 74TH TERRACE
LAUDERHILL FL 33324 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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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:

J. Tompkins II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 954 742 4020

Date

Daytime Phone #

CR2E034 (9/99)