FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State P99000100101 DÓCUMENT # 1. Entity Name 04-02-2002 90975 002 ***150.00 HOMEWOOD REALTY CORP. Principal Place of Business Mailing Address P.O. BOX 50145 4131 NE 24 AVE LIGHTHOUSE POINT FL 33074 LIGHTHOUSE POINT FL 93004 2. Principal Place of Business Mailing Address 50145 1400 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0966803 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired \Box ROWARD 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent mmer **FAULKER. HOBERT L** Street Ade 4131 NE 24TH AVE. LIGHTHOUSE POINT FL 33074 100 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. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01 ☐ Change TITLE PSTD ☐ Delete TITLE NAME FAULKER, H L NAME STREET ADDRESS STREET ADDRESS 4131 NE 24 AVE CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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