

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90294 028 ***150.00

DOCUMENT # P99000109760

1. Entity Name
JOSEPH A. HOMETCHKO, CPA, P.A.



Principal Place of Business
**1206 COURT ST.
CLEARWATER FL 33756**

Mailing Address
**14489 KANDI COURT
LARGO FL 33774**

2. Principal Place of Business

14489 KANDI COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

4. FEI Number **59-3615776**

Applied For
Not Applicable

Zip

33774

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HOMETCHKO, JOSEPH A
1206 COURT ST.
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

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

14489 KANDI COURT

City

LARGO

FL

Zip Code

33774

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOMETCHKO, JOSEPH A**
STREET ADDRESS **1206 COURT ST.**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **D** ☐ Delete
NAME **HOMETCHKO, ANN**
STREET ADDRESS **14489 KANDI CT.**
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14489 KANDI COURT**
CITY-ST-ZIP **LARGO, FL 33774** **OK**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH A. HOMETCHKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

Date

727-461-1133

Daytime Phone #

CR2E034 (10/02)