

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91313 032 ***150.00

DOCUMENT # S64831

1. Entity Name
HOMETOWNE BROKERS, INC.

Principal Place of Business

Mailing Address

RT 17 BOX 871
 LAKE CITY FL 32055
 US

ROUTE 17. BOX 871
 LAKE CITY FL 32055
 US

2. Principal Place of Business

3. Mailing Address

22 E. St. Johns St.
 Suite, Apt. #, etc.

22 E. St. Johns St.
 Suite, Apt. #, etc.

City & State

City & State

Lake City, FL

Lake City, FL

Zip

Country

Zip

Country

32025

USA

32025

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, CHARLES B., III
 RT 17 BOX 871
 LAKE CITY FL 32055

Name

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

City

FL

Zip Code

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME BROWN, CHARLES III
 STREET ADDRESS RT 17 BOX 871
 CITY-ST-ZIP LAKE CITY FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/01 (386) 752-7951
 Date Dayin one #

CR2E034 (10/00)