

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66938

1. Entity Name
NEW HOME SPECIALIST MARKETING GROUP, INC.

Principal Place of Business
2300 GLADES ROAD
SUITE 330 W
BOCA RATON FL 33431

Mailing Address
2300 GLADES ROAD
SUITE 330 WEST
BOCA RATON FL 33431

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0298349
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, ROBERT A.
2300 GLADES ROAD
SUITE 330 WEST
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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 *Robert Schultz* DATE 11/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 DP
NAME SCHULTZ, ROBERT A.
STREET ADDRESS 7814 VILLA D'ESTE WAY
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE DV
NAME BURKETT, MARGARET A
STREET ADDRESS 7814 VILLA D'ESTE WAY
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE V
NAME STEVEN, HOFFACKER R
STREET ADDRESS 2919-E NORTH MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 500004721425-4
STREET ADDRESS -12/12/01--01084--022
CITY-ST-ZIP *****758.75 *****758.75 ☐ Change ☐ Addition

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

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

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

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:

Robert Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/01 561-368-1151
Date Daytime Phone #

0075854 AV

CR2E034 (5/01)