2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **V68980**

1. Entity Name

HOME OWNERS MARKETPLACE OF ORLANDO, INC.

Principal Place of Business	Mailing Address
3354 CURRY FORD RD	111 S ARMENIA AVE
ORLANDO FL 32806	STE 100
US	TAMPA FL 33609
	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 59-3156257	Applied For / Not Applicable
Zip	Country	Zip	Country	**5. Certificate of Status Desired** ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNATI, ALVIN A.	Name
111 S ARMENIA AVE	Street Address (P.O. Box Number is Not Acceptable)
STE 100	
TAMPA FL 33609	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. 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	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees
Make Check Payable to Florida Department of State	

10.	OFFICERS AND DIRECTORS	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENNATI, ALVIN A. 111 S ARMENIA AVE STE 100 TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENNATI, MARJORIE 111 S ARMENIA AVE STE 100 TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (10/02)

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: _____   2/27/03   813-873-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #