

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90123 030 ***150.00

DOCUMENT # P99000035562

1. Entity Name

HOME TEAM ADVANTAGE, INC.

Principal Place of Business

124 S. FEDERAL HIGHWAY, #1A
 POMPANO BEACH FL 33062

Mailing Address

124 S. FEDERAL HIGHWAY, #1A
 POMPANO BEACH FL 33062-5309

2. Principal Place of Business

4836 NE 10 Ave
 Suite, Apt. #, etc.

3. Mailing Address

4836 NE 10 Ave
 Suite, Apt. #, etc.

00000000



DO NOT WRITE IN THIS SPACE

City & State

Oakland Park FL

City & State

Oakland Park FL

4. FEI Number

65-0921150

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, DOUGLAS S
 124 S. FEDERAL HIGHWAY, #1A
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Livingston, Douglas

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

4836 NE 10 Ave

City

Oakland Park

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Livingston, Douglas	1820 NW 33 CT	Oakland Park, FL 33309		
	Parnes, Hillary	1820 NW 33 CT	Oakland Park, FL 33309		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

DATE

954 229644

DAYTIME PHONE #

CR2E034 (9/99)