

FILED
Mar 27, 2002 8:00 am
Secretary of State

02-15-2002 90019 041 ****50.00
 03-27-2002 90041 007 ***100.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002004			
1. Entity Name AMERICA'S HOME PLACE, INC.			
Principal Place of Business PO BOX 1316 GAINESVILLE GA 30603		Mailing Address PO BOX 1316 GAINESVILLE GA 30603	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WELLS, ALLEN 2710 REW CIR. STE 200 OCFEE FL 32819		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD CONNER, BARRY G	TITLE	
NAME		NAME	
STREET ADDRESS	1515-B SKELTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE GA 30504	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Barry G. Conner</i>		Date: 1-28-02 (720) 332-1128	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 20, 2002

AMERICA'S HOME PLACE, INC.
PO BOX 1316
GAINESVILLE, GA 30503

Subject: AMERICA'S HOME PLACE, INC.

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION