

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90084 023 ***150.00

DOCUMENT # P01000081070

1. Entity Name

AFRICAN HOME CLASSICS, INC.

Principal Place of Business

**8032 GOLDEN GLEN COURT
 ORLANDO FL 32819**

Mailing Address

**8032 GOLDEN GLEN COURT
 ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593745620

Applied For

Not Applicable

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

**DRAVES, DONNA L
 120 E. CONCORD STREET
 ORLANDO FL 32801**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	O'TOOLE, KEVIN	1016 NEWFOUNDLAND HARBOR DRIVE	MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	BYERLY, PATRICE O	8032 GOLDEN GLEN COURT	ORLANDO FL 32819	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	FEBBO, BRIAN A	333 NORTH ATLANTIC AVE., #102	COCOA BEACH FL 32931	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	RISLEY, RICHARD L	7235 KAYLOR AVENUE	PORT ST. LUCIE FL 32927	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)