

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718860

1. Entity Name

HOW-HOUSE, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90017 001 \*\*\*\*61.25

0024673

Principal Place of Business

1116 MAIN ST.  
TITUSVILLE FL 32796-3352

Mailing Address

P.O. BOX 6167  
TITUSVILLE FL 32782-6167

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

23-7098499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBILLARD, RONALD  
4295 N INDIAN RIVER DRIVE  
COCOA FL 32927

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME MITCHELL, ROSE  
STREET ADDRESS 2604 TOMOKA  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ Delete  
NAME LUNDY, JOHN  
STREET ADDRESS 3840 RICHY ROAD  
CITY-ST-ZIP MIMS FL

TITLE D ☐ Delete  
NAME DECATUR, ROBERT  
STREET ADDRESS 7990 WINDOVER WY  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE PD ☐ Delete  
NAME ROBILLARD, RON  
STREET ADDRESS 4925 INDIAN RIVER DR  
CITY-ST-ZIP COCOA FL 32927

TITLE TD ☐ Delete  
NAME MITCHELL, MARY  
STREET ADDRESS 1756 ROBINHOOD AVE  
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 617, 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

*[Signature]* Mitchell

April 20, 2001 321 269-4629

Date

Daytime Phone #

CR2E037 (10/00)