## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2002 8:00 am Secretary of State F0000002899 DOCUMENT # 1. Entity Name IDEAL HOME WARRANTY, INC. 05-24-2002 91271 034 \*\*\*150 00 Principal Place of Business Mailing Address 308 WEST SOUTH STREET P.O. BOX 44 NIXA MO 65714 NIXA MO 65714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1635040 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🗹 Delete TITLE ☐ Addition Jerry Moore 338 "CC" Highway NAME SMITH, DIXIE J NAME STREET ADDRESS 308 WEST SOUTH STREET STREET ADDRESS CITY-ST-ZIP NIXA MO 65714 CITY-ST-ZIP <u>Ni</u>xa, MO 65714 TITLE ☐ Delete ☐ Change **▼** Addition Jim Allen NAME MOORE, JERRY NAME 199 Brenda Drive STREET ADDRESS 338 "CC" HIGHWAY STREET ADDRESS CITY-ST-ZIP NIXA MO 65714 ozark, mo 65-121 CITY-ST-ZIP LX Delete TITI F Clayton Moore 338 "(C" Highwax ☐ Change - 🗹 Addition NAME OLSON, MARILYN NAME STREET ADDRESS 225 MANGROVE LANE STREET ADDRESS CITY-ST-ZIP OZARK MO 65721 CITY-ST-ZIP NIXU, MO TITLE Delete TITLE ☐ Change Addition NAME SINOR, DELBERT Cecil Blevins 305 Becky Street NAME STREET ADDRESS 206 STATE STREET STREET ADDRESS CITY-ST-ZIP NIXA MO 65714 CITY-ST-ZIP NIXA, MO 65714 TITLE D Delete TITLE **✓** Addition COBB, TOM 16tt wilson STREET ADDRESS **ROUTE 1** 1503 Aspen Road STREET ADDRESS CITY-ST-ZIP **REPUBLIC MO 65738** CITY-ST-ZIP Highlanduille, mo 65669 TITLE Delete TITLE ☐ Addition NAME SCHMIDT, ROBERT STREET ADDRESS **ROUTE 2** STREET ADDRESS CITY-ST-ZIP NIXA MO 65714 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 SIGNATURE:

FILED