2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005494

1. Entity Name: The Home Consultant, LTD Corp

FILED
May 18, 2001 8:00 A.M
Secretary of State

Principal Place of Business	Mailing Address
Broward County Florida	2400 E. Las Olas Blvd #156 Ft. Lauderdale Fl. 33301

2. Principal Place of Business	3. Mailing Address
	2400 E Las Olas Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 156
City & State	City & State Ft. Lauderdale Fl.
Zip / Country	Zip 33301 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 22 3543665 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Frank J. Pepe
2400 E Las Olas Blvd #156
Ft. Lauderdale Fl 33301

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] 4-30-01
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, 2001 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	President Frank J. Pepe 2400 E Las Olas Blvd #156 Ft. Lauderdale, Fl 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 4-30-01 9545644143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #