## FILED May 01, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0200003316  1. Entity Name HOME IMPORTS OF FLORIDA, INC.					05-01-2003 90303 044 ***150.00		
Principal Place of Business 4924 FIRST COAST HWY., STE, 5 AMELIA ISLAND FL 32034		Mailing Address 4924 FIRST COAST HWY., STE, 5 AMELIA ISLAND FL 32034					
2. Principal Place of Business		3. Mailing Address			) 1 <b>30</b> 111 <b>00</b> 1111 <b>20</b> 11 <b>5</b> 11 <b>0</b> 11 00111 00111 00111 00111 00111	<b>i</b> ((1 <b>1)</b> (1 <b>1) (11)</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 58-2080697	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Fee Re	5 Additional equired	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
			Name		i		
TENNILLE, WILSON R SR. 4924 FIRST COAST HWY., STE. 5				Street Address (P.O. Box Number is Not Acceptable)			
AMELIA ISLAND FL 32034							
			City		FL Zip	Code	
the obligat	tions of islered agent. Six hyped or printed name of registered agent		its registered office or		d agent, or both, in the State of Florida. I am familiar then reinstating)  DATE	with, and accept	
FILE W!!! FEE IS \$150.00  After Ma					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TENNILLE, WILSON R SR. 4924 FIRST COAST HWY., STE. AMELIA ISLAND FL 32034	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Cha	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TENNILLE, TERRI 4924 FIRST COAST HWY., STE. AMELIA ISLAND FL 32034	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Cha	ange 🔲 Addition	
TITLE Name Street addres's City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange 🔲 Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 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 #