## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

## DOCUMENT # F98000002574 Apr 10, 2000 8:00 am Secretary of State HOME ELEMENTS, INC. 04-10-2000 90055 045 \*\*\*150.00 Mailing Address Principal Place of Business 239 ROWAN ST. 239 ROWAN ST. SALEM VA 24153 SALEM VA 24153-6932 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 54-1572254 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 22102 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Chairman / Director Change ☐ Addition **CPT** TITLE □ Delete TITLE BIRNBACH, GERALD M NAME NAME STREET ADDRESS STREET ADDRESS 1650 TYSONS BLVD., STE. 710 CITY-ST-ZIP CITY-ST-ZIP MCLEAN VA 22102 Change Director/ Secretary Addition ☐ Delete TITLE TITLE NAME DUNKIN, ARTHUR H STREET ADDRESS 239 ROWAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SALEM VA 24153 Delete Change Addition TITLE TITLE ANGLE, GARRY W NAME NAME deleti STREET ADDRESS 239 ROWAN ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SALEM VA 24153 ddition □ Delete TITLE Change TITLE President NAME offi Kelley Blud, Ste 560 NAME 50 Tysms STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change **Tagition** TITLE Finance/ Treasure TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not cualify 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