2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900003022 Mar 02, 2000 8:00 am Secretary of State 1. Entity Name HOME IMPROVEMENT RESEARCH INSTITUTE, INC. 03-02-2000 90108 037 ***150.00 Principal Place of Business Mailing Address 3922 COCONUT PALM DRIVE 3922 COCONUT PALM DRIVE TAMPA FL 33619-1389 TAMPA FL 33619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3rd Floor 3rd Floor Applied For 4. FEI Number City & State City & State 31-1020154 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PECHE, JANET M Street Address (P.O. Box Number is Not Acceptable) 3922 COCONUT PALM DRIVE **TAMPA FL 33619** 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D ☐ Delete TITLE Change ☐ Addition TITLE MILLER, FRED NAME MAME STREET ADDRESS STREET ADDRESS 3922 COCONUT PALM DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Delete TRETRUKEK Change ☐ Addition TITLE TITLE STOTT BANNELL FRANCIS, DAVID NAME NAME 1000 STANLEY DEIVE STREET ADDRESS STREET ADDRESS 8111 LYNDALE AVE. S. NEW BKITTAIN, CT. 00053 CITY-ST-ZIP-CITY-ST-7/P- . **BLOOMINGTON MN 55420** VICE PRESIDENT Change Delete ☐ Addition TITLE TITLE DAVID MECLELLAND MEARS, ROBIN NAME NAME 21001 VAN BURN ROAD STREET ADDRESS STREET ADDRESS 100 FOURTH AVE. N. CITY-ST-ZIP TAYLOK, MI 48/80 BAYPORT MN 55003-1096 CITY-ST-ZIP PRESIDENT Change ☐ Addition TOMMY LAATIKAINEN ☐ Delete TITLE TITLE RAATIKAINEN, TOMMY NAME NAME STREET ADDRESS 2500 COLUMBIA AVE., #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17603 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an addiress, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 Date

717-396-4106

Daytime Phone #