

Amended

**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 324967

1. Entity Name

HOME TECHNIQUES INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG -2 AM 9:47

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3709 RANDALL ST

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

32309

Country

LEON

Zip

Country

4. FEI Number

59-2695379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL CASTERLINE

Street Address (P.O. Box Number is Not Acceptable)

3709 RANDALL ST

City

TALLAHASSEE

FL

Zip Code

32309

**DO NOT WRITE  
IN THIS SPACE**

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 PAUL CASTERLINE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2 AUG 02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so:

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL CASTERLINE 3709 RANDALL ST TALLAHASSEE FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JERRY STOUT 144 SHADY LANE P.O. Box 144 WACISSA FL 32361	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RON Peterson 62 OYSTER BAY DRIVE CRAWFORDVILLE FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Casterline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 aug 02

Date

850 893-5270

Daytime Phone #

CR2E034B (12/01)