

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90114 013 ****50.00

DOCUMENT # L01000001080

1. Entity Name

HOME BUSINESS SERVICES, LLC

Principal Place of Business

**2924 COTTAGE GROVE COURT
 ORLANDO FL 32822**

Mailing Address

**2924 COTTAGE GROVE COURT
 ORLANDO FL 32822**

2. Principal Place of Business

4214 Waterfront Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

2924 Cottage Grove Ct.
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-369-6279

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PETERSEN, J.B.
 2924 COTTAGE GROVE COURT
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name

JUANITA B. PETERSEN

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

2924 Cottage Grove Ct.

City

Orlando

FL

Zip Code

32822

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM, P** ☐ Delete
 NAME **JUANITA B. PETERSEN**
 STREET ADDRESS **2924 Cottage Grove Ct.**
 CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
 NAME **JUANITA B. PETERSEN**
 STREET ADDRESS **2924 COTTAGE GROVE CT**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

1-30-02 407 8510244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)