FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _LO90000 19954_

1. Entity Name

First House, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business _PO BOX 2035_

Suite, Apt. #, etc.

City & State _Dunedin FL_

Zip _34697_   Country

3. Mailing Address _PO BOX 2035_

Suite, Apt. #, etc.

City & State _Dunedin Fl_

Zip _34697_   Country

24047801
DO NOT WRITE IN THIS SPACE

4. FEI Number   Applied For   ☑ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name _ALAN S. GASSMAN_

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

1245 Court St Ste 102

City _Clearwater_   FL _33756_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

January 1 - May 1 Fee is $150.00		**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees
After May 1, Fee is $550.00			
Amended UBR is $61.25			
Make Check Payable to Florida Department of State			

10.   OFFICERS AND DIRECTORS

TITLE	_MBR_	TITLE	
NAME	_Bruce R. Ernst_	NAME	
STREET ADDRESS	_PO BOX 2035_	STREET ADDRESS	
CITY-ST-ZIP	_Dunedin Fl 34697_	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	DO NOT WRITE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   _4-12-04_   (727) _734-1224_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #