

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90040 034 \*\*\*150.00

**DOCUMENT # L03751**

1. Entity Name

**HOME PRODUCTS, INC.**

Principal Place of Business

Mailing Address

~~201 N FRANKLIN ST  
 STE 2700  
 TAMPA FL 33602~~

900 SCHELLBOURNE ST  
 RENO NV 89511  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2960474**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLDER, HAROLD D SR  
 201 NORTH FRANKLIN ST  
 STE 2700  
 TAMPA FL FL 33602**

*NO CHANGE*

*IN NO CHANGE  
 REGISTERED  
 AGENT  
 ADDRESS*

8. The above named entity submits this statement for the purpose of changing its register.

SIGNATURE

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

(NOTE: Register

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD HOLDER SR, HAROLD D 201 N FRANKLIN ST., STE 2700 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLDER, ANNA M 201 N FRANKLIN ST., STE 2700 TAMPA FL 33602	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*MAILING ADDRESS*

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)