

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90116 039 ***150.00

DOCUMENT # L29448

1. Entity Name

HOUSEMINDERS, INC.

Principal Place of Business

% KAREN SCHULTZ HERRICK
 934 SAGE AVENUE
 WELLINGTON FL 33414

Mailing Address

% KAREN SCHULTZ HERRICK
 934 SAGE AVENUE
 WELLINGTON FL 33414-8986

2. Principal Place of Business

3. Mailing Address

1593 Yarmouth Ave.
 Suite, Apt. #, etc.

1593 Yarmouth Ave.
 Suite, Apt. #, etc.

City & State
 Wellington FL

City & State
 Wellington FL

Zip
 33414

County
 Palm Beach

Zip
 33414

County
 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0121225

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HERRICK, KAREN SCHULTZ
 934 SAGE AVENUE
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Karen Schultz Herrick
 Street Address (P.O. Box Number is Not Acceptable)
 1593 Yarmouth Avenue
 City Wellington FL Zip Code 33414

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 *Karen Schultz Herrick*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE PS
 NAME HERRICK, KAREN SCHULTZ
 STREET ADDRESS ~~934 SAGE AVENUE~~
 CITY-ST-ZIP WELLINGTON FL ☐ Delete

TITLE VT
 NAME HERRICK, JON B.
 STREET ADDRESS ~~934 SAGE AVENUE~~
 CITY-ST-ZIP WELLINGTON FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME 1593 Yarmouth Avenue
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME 1593 Yarmouth Avenue
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Karen Schultz Herrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

(561) 753-6299

Daytime Phone #

CR2E014 (9/98)