

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005633

1. Entity Name

FUTURE HOMEWERX L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:24

Principal Place of Business

3327 PICKWICK DRIVE  
JACKSONVILLE FL 32257

Mailing Address

3327 PICKWICK DRIVE  
JACKSONVILLE FL 32257-5412

2. Principal Place of Business

8375-2 BAYMEADOWS WY  
Suite, Apt. #, etc.

3. Mailing Address

8375-2 BAYMEADOWS WY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3600532

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REMINGTON, DUANE D  
9360 CRAVEN ROAD #302  
JACKSONVILLE FL 32257

Name

DUANE REMINGTON

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

417 TWIN OAKS LANE

City

JACKSONVILLE

FL

Zip Code

32259

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 of Duane D. Remington*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME REMINGTON, DUANE D  
STREET ADDRESS 9360 CRAVEN ROAD #302  
CITY- ST- ZIP JACKSONVILLE FL 32257

☒ Change ☐ Add  
TITLE  
NAME  
STREET ADDRESS 417 TWIN OAKS LANE  
CITY- ST- ZIP JACKSONVILLE, FL. 32259

TITLE MGRM ☐ Delete  
NAME LAWRENCE, GARY  
STREET ADDRESS 3327 PICKWICK DRIVE  
CITY- ST- ZIP JACKSONVILLE FL 32257

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

TITLE MGRM ☐ Delete  
NAME HOFFER, ARRON  
STREET ADDRESS 11001 OLD ST. AUGUSTINE ROAD #510  
CITY- ST- ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete  
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CITY- ST- ZIP

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 of Gary Lawrence*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

GARY LAWRENCE

Date

Daytime Phone #

1-11-00 904636-5304