

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90255 028 ****50.00

DOCUMENT # MO0000000648

1. Entity Name
HOMEFOCUS SERVICES, LLC

Principal Place of Business

NC1-021-02-20
 401 N. TRYON ST.
 CHARLOTTE NC 28255

Mailing Address

NC1-021-02-20
 401 N. TRYON ST.
 CHARLOTTE NC 28255

2. Principal Place of Business

1831 Chestnut St

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Louis mo

City & State

Zip

63103

Country

Country

Mecklenburg



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2178895

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	PMEM	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, LINDA	
STREET ADDRESS	NC1-021-02-20 / 401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MROZ, GREG S	
STREET ADDRESS	NC1-021-02-20 / 401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	SMEM	<input checked="" type="checkbox"/> Delete
NAME	DOAK, SUE H	
STREET ADDRESS	NC1-021-02-20 / 401 N. TRYON ST.	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	P mem	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rudy Medina	
STREET ADDRESS	NC1-021-02-20	
CITY-ST-ZIP	401 N TRYON ST	
	CHARLOTTE NC 28255	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S mem	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Costamagna	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Greg S. Mroz* **SVP** **4-30-02** **704-386-5591**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)