

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 017 ****61.25

DOCUMENT # N01000002765

1. Entity Name

STARTING HOME, INC.

DO NOT WRITE IN THIS SPACE

80123383

2. Principal Place of Business

854 FATHOM CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 13140

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. PALM BEACH, FL

City & State

NORTH PALM BEACH, FL

4. FEI Number

65-111500

Applied For

Not Applicable

Zip

33408

Country

PALM BEACH

Zip

33408

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS

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

941 4TH ST #200

MIAMI BEACH

City

FL

Zip Code

33139

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IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT, DIRECTOR
NAME BARBARA HILDENBRAUD
STREET ADDRESS 854 FATHOM CT
CITY - ST - ZIP N. PALM BEACH, FL 33408

TITLE DIRECTOR
NAME ANITA SLAUGHTER
STREET ADDRESS 14300 MIDWAY RD
CITY - ST - ZIP DALLAS TX 75244

TITLE DIRECTOR
NAME CHARLEY HILLIARD
STREET ADDRESS 10984 167TH TERR
CITY - ST - ZIP JUPITER FL 33478

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Hildenbraud BARBARA HILDENBRAUD PRESIDENT 469-576-9304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)