

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26210

1. Entity Name

HOUSE CHECK AUXILIARY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90099 007 ****61.25

Principal Place of Business

Mailing Address

C/O LT TOM GLEASON
4700 W MIDWAY RD
FT PIERCE FL 34981
US

C/O LT TOM GLEASON
4700 W MIDWAY RD
FT PIERCE FL 34981-4825
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7448344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCRIBNER, BRIAN
4700 W. MIDWAY ROAD
FT PIERCE FL 34981

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME BOOZER, JAMES
STREET ADDRESS 4409 PRESSLER LANE
CITY-ST-ZIP FORT PIERCE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME CIRILLO, GEORGE
STREET ADDRESS 1920 MIMOSA AVE
CITY-ST-ZIP FT PIERCE FL 34949

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME EMERSON, LORI
STREET ADDRESS 1850 LAKE CIRCLE
CITY-ST-ZIP FT. PIERCE FL 34945

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

P
LISA BEERT
1438 S.W. PATRICIA AVE
PORT SAINT LUCIE FL 34953

TITLE T
NAME WILLIAMS, GEORGE
STREET ADDRESS 8590 HIDDEN PINES DR
CITY-ST-ZIP FT PIERCE FL 34945

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME BARNES, REILLY
STREET ADDRESS 4040 SUNRISE BLVD
CITY-ST-ZIP FT PIERCE FL 34983

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RATLIFF, WAYNE
STREET ADDRESS 4909 SEA GRAPE DR
CITY-ST-ZIP FT PIERCE FL

☒ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

DENNIS WOODAMS
5944 N.W. FLAVIAN AVE
PORT SAINT LUCIE FL 34983

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-00

465-0670

CR2E037 (9/99)