

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90068 020 \*\*\*\*61.25

**DOCUMENT # N26210**

1. Entity Name

**HOUSE CHECK AUXILIARY, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7448344**

Applied For

Not Applicable

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

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

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **mark woods D**  
 STREET ADDRESS  
 CITY-ST-ZIP **FT PIERCE FL 34982**

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 #

**4-9-01**

**561-465-0670**

CR2E037 (10/00)