

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26210

1. Entity Name

HOUSE CHECK AUXILIARY, INC.

FILED

May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90155 003 \*\*\*\*61.25

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

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

Robert Soesbe

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

4700 W. MIDWAY RD  
FT PIERCE FL 34981

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)

4-26-02

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 ☐ Delete  
STREET ADDRESS 4409 PRESSLER LANE  
CITY-ST-ZIP FORT PIERCE FL

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

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

TITLE V  
NAME MARK WOODS ☒ Change ☐ Addition  
STREET ADDRESS 4221 ROSE LANE  
CITY-ST-ZIP FT PIERCE FL 34982

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

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

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

TITLE T  
NAME LORI EMERSON ☒ Change ☐ Addition  
STREET ADDRESS 1850 LAKE CIRCLE  
CITY-ST-ZIP FT PIERCE FL 34945

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

TITLE S  
NAME CHARLES WILEY ☐ Change ☒ Addition  
STREET ADDRESS 273 SW CHANDLER TERR  
CITY-ST-ZIP FORT SAINT LUCIE FL 34984

TITLE D  
NAME WOODS, MARK ☒ Delete  
STREET ADDRESS 4909 SEA GRAPE DR  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D  
NAME FRED MASSONI ☐ Change ☒ Addition  
STREET ADDRESS 590 SW FLORESTA DR  
CITY-ST-ZIP FT ST 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)