

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003508

1. Entity Name

SV/HOME OFFICE, INC.

Principal Place of Business

Mailing Address

STRATFORD POINT BLDG.
110 S. STRATFORD RD., 5TH FLOOR
WINSTON-SALEM NC 27104

STRATFORD POINT BLDG.
110 S. STRATFORD RD., 5TH FLOOR
WINSTON-SALEM NC 27104

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

56-2150956

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

BUTT, JEFFREY D ESQ.
401 EAST JACKSON STREET, SUITE 2700
TAMPA FL 33602

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 WATERS, BRETT
CITY-ST-ZIP 3334 HEALY DR., STE. 301
WINSTON SALEM NC 27103

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TIFFANY, BART
CITY-ST-ZIP 3520 TRIAD CT.
WINSTON-SALEM NC 27107

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

TITLE ☒ Delete
NAME D
STREET ADDRESS GOETZ, GALEN
CITY-ST-ZIP 3452 PRISLEY CIRCLE
ORLANDO FL 32817

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

TITLE ☐ Delete
NAME Direct for
STREET ADDRESS Anthony Edmonds
CITY-ST-ZIP 645 Hayman Ct
De bary, Fl 32713

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Jeffrey D Butt REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

336-728-3021

Daytime Phone #

0001724

CR2E037 (9/01)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90168 034 ****61.25



DO NOT WRITE IN THIS SPACE