

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 008 ***550.00

DOCUMENT # *P00000021225*

1. Entity Name

It's Just Like Home, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3815 Russell Place

3. Mailing Address

PO Box 540365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Lake Worth, FL

Zip

FL 33405

Country

USA

Zip

33463

Country

USA

4. FEI Number

65098804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSEPH A. LUPO

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

3815 Russell Place

City

Lake Worth

FL

Zip Code

33405

**DO NOT WRITE
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

Joseph G. Lupo

JOSEPH A. LUPO

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This Corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE *President*
NAME *JOSEPH A. LUPO*
STREET ADDRESS *3815 RUSSELL*
CITY- ST- ZIP *Place*

TITLE *Secretary*
NAME *3815 RUSSELL*
STREET ADDRESS *Place*
CITY- ST- ZIP

TITLE *Treasurer*
NAME *WEST PALM BEACH*
STREET ADDRESS *FL 33405*
CITY- ST- ZIP

TITLE *Director*
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph G. Lupo

JOSEPH A. LUPO

561-805-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)