

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044120

1. Entity Name

HOME AGAIN RESTORATION, INC.

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90242 022 \*\*\*150.00

714878



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7944 RUTILLIO CT.  
NEW PORT RICHEY FL 34653

Mailing Address

7944 RUTILLIO CT.  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

5919 S.E. 68<sup>TH</sup> ST.

3. Mailing Address

5919 S.E. 68<sup>TH</sup> ST.

Suite, Apt. #, etc.

SUITE 109

Suite, Apt. #, etc.

SUITE 109

City & State

OCALA, FL.

City & State

OCALA, FL.

4. FEI Number

59-3642670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANNENMILLER, RICHARD J  
7944 RUTILLIO CT.  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	THOMAS, LARRY J	
STREET ADDRESS	7944 RYTILLIO CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANNENMILLER, RICHARD J	
STREET ADDRESS	7944 RUTILLIO CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, JENNIFER J	
STREET ADDRESS	7944 RUTILLIO CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DANNENMILLER, CHRISTINE M	
STREET ADDRESS	7944 RUTILLIO CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

LARRY J. THOMAS

Date

Daytime Phone #

1/4/01 (352) 307-2222

CR2E034 (10/00)