

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90041 034 ***150.00

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DOCUMENT # P00000044120

1. Entity Name

HOME AGAIN RESTORATION, INC.

Principal Place of Business

5919 SE 68TH STREET
 109
 OCALA FL 34472

Mailing Address

5919 SE 68TH STREET
 109
 OCALA FL 34472

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3642670**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 **LARRY J. THOMAS**
 Street Address (P.O. Box Number is Not Acceptable)
5919 S.E. 68th STREET
SUITE 109
 City **OCALA** **FL** Zip Code **34472**

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 **LARRY J. THOMAS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

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, 2002 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 RUTILLIO 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY J. THOMAS	
STREET ADDRESS	5919 S.E. 68th STREET, SUITE 109	
CITY-ST-ZIP	OCALA, FL. 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER J. THOMAS	
STREET ADDRESS	5919 S.E. 68th STREET, SUITE 109	
CITY-ST-ZIP	OCALA, FL. 34472	
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: **LARRY J. THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02 **352-307-2222**

CR2E034 (9/01)