

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90123 020 ***150.00

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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
5982 S.E. 68th STREET

3. Mailing Address
5982 S.E. 68th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number **59-3642670**

Applied For
Not Applicable

Zip
34472

Country
USA

Zip
34472

Country
USA

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

6. Name and Address of Current Registered Agent

THOMAS, LARRY J
5919 S.E. 68TH STREET
SUITE 109
OCALA FL 34472

7. Name and Address of New Registered Agent

Name
LARRY J. THOMAS
Street Address (P.O. Box Number is Not Acceptable)
5982 S.E. 68th STREET
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LARRY J. THOMAS, PRES**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THOMAS, LARRY J ☒ Delete
5919 S.E. 68TH STREET, SUITE 109
OCALA FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
LARRY J. THOMAS ☒ Change ☐ Addition
5982 S.E. 68th STREET
OCALA, FL. 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☐ Delete
DANNENMILLER, RICHARD J
7944 RUTILLIO CT.
NEW PORT RICHEY FL 34653

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☒ Delete
THOMAS, JENNIFER J
5919 S.E. 68TH STREET, SUITE 109
OCALA FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D ☒ Change ☐ Addition
JENNIFER J. THOMAS
5982 S.E. 68th STREET
OCALA, FL. 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Delete
DANNENMILLER, CHRISTINE M
7944 RUTILLIO CT.
NEW PORT RICHEY FL 34653

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 607, 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 REQUIRED LARRY J. THOMAS** **3/20/03** **352-307-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)