2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 26 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000051179

1. Entity Name

~~Home 123.com, Inc.~~ Home123.com, Inc.

DO NOT WRITE IN THIS SPACE

2002 UBR

2. Principal Place of Business	3. Mailing Address
5150 Palm Valley Rd.	(same)
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State
Zip: 32082 Country	Zip Country

4. FEI Number: 59-3650997 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John R. Marshall

Street Address (P.O. Box Number is Not Acceptable): c/o Home 1-2-3 Corp.
5150 Palm Valley Rd., Suite 103

City: Ponte Vedra Beach, FL Zip Code: 32082

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: John R. Marshall
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) ☒

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	D/P
NAME	Joseph D. Doyle, Jr.
STREET ADDRESS	c/o Home 1-2-3 Corp. 5150 Palm Valley Rd., Suite 103
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VP/TIS
NAME	John R. Marshall
STREET ADDRESS	c/o Home 1-2-3 Corp. 5150 Palm Valley Rd., Suite 103
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	Suite 103
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Marshall, Secretary (904) 285-8351 X215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #