2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P00000051179

Mailing Address

5150 PALM VALLEY ROAD, SUITE 103

1. Entity Name

HOME123.COM, INC.

Principal Place of Business

5150 PALM VALLEY ROAD, SUITE 103



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90194 001 ***317.50

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| Suito, Apt. #, effic. Suito, Apt. #, effic. Suito, Apt. #, effic. CHECK HERE IF MAKING CHANGES City & State City & State City & State 4. FEI Number 59-3650997 Applied For For Applied For Not Applied For For Applied For Not Applied For For Applied | PONTE VEDRA BEACH FL 32082 | | | PONTE VEDRA BEACH FL 32082 | | | | | | | |
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| Name | Zip | Country | Zip | | Coun | try | 5. 0 | Certificate of Status Desired_ | ر م ما ال | 8.75 Add | itional |
| MARSHALL, JOHN R 5150 PALM VALLEY ROAD, SUITE 103 PONTE VEDRA BEACH FL 32082 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, problems of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, problems are referenced agent, and both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department of State agent, or both, in the State of Florida Department | 6 Name and Address of Current Registered Agent | | | | | | | | | | |
| STREET ADDRESS DOWN'TE VEDRA BEACH FL 32082 City FL ZIp Code City State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida agent, and accept the obligations of Plance I am familiar with, and accept the familiar with and accept the obligations of Pl | | O. Mario and Madroso C. Carro | | | | Name | *- | | | | |
| A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, by the door printed name of inglistered agent entitle of applicable. Signature, typed or printed name of inglistered agent entitle of applicable. POTE: Registered Agent agrature required when rendering DATE: | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SIGNATURE PILE NOW!!! FEE IS 150.00 Addition Signature Injection of projections agreement of tee despitations. NOTE Registered Agent algreement required when rentitienting) DAY | PONTE VEDRA BEACH FL 32082 | | | | | City | | *** | FL | Zip Code |) |
| FILE NOW!! FEE IS(\$150.00 Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS | | | t for the purp | ose of changing its | registere | ed office or regis | tered ag | ent, or both, in the State of Flor | ida. I am fa | miliar with, | and accept |
| FILE NOW!!! FEE IS\\$150.0D After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN THE NAME STREET ADDRESS OTTY-ST-ZIP ONTE VEDRA BEACH FL 32082 IT ILE WANE STREET ADDRESS OTTY-ST-ZIP ONTE VEDRA BEACH FL 32082 IT ILE WANE STREET ADDRESS OTTY-ST-ZIP ONTE VEDRA BEACH FL 32082 IT ILE WANE STREET ADDRESS OTTY-ST-ZIP ONTE VEDRA BEACH FL 32082 IT ILE WANE STREET ADDRESS OTTY-ST-ZIP ONTE VEDRA BEACH FL 32082 IT ILE WANE STREET ADDRESS OTTY-ST-ZIP IT ILE | SIĞNATURE . | | | ALC: | F. D:-12. | d American transfer of the | imd uthon ro | ninetation) | DATE | | |
| Make Check Payable to Florida Department of State Trust Fund Contribution. | · · · · · · · · · · · · · · · · · · · | Signature, typed or printed name of registered ag- | ent and title if app | licable. (NOTI | t: Hegistere | o Agent signature requ | illed when re | anstaurg) | DAIL | | |
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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 of 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 piner like empowered.

SIGNATURE: