

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

002029

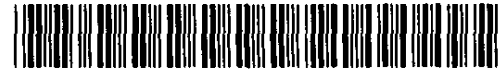
**DOCUMENT # P00000076929**

03-21-2001 90031 004 \*\*\*150.00

1. Entity Name  
**HOME SYSTEMS PLUS, INC.**

Principal Place of Business <b>31 MILLIKEN LANE          ST. AUGUSTINE FL 32080</b>	Mailing Address <b>P.O. BOX 16952          JACKSONVILLE FL 32245-6952</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEL Number <b>36-4387011</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NOFTELL, JOSEPH  
 31 MILLIKEN LANE  
 ST. AUGUSTINE FL 32080**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>NOFTELL, JOSEPH</b>	
STREET ADDRESS	<b>31 MILLIKEN LANE</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32080</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NOFTELL, JOSEPH</b>	
STREET ADDRESS	<b>31 MILLIKEN LANE</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32080</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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: Joseph Noftell 3/17/01 Date 904-669-2846 Daytime Phone #

CR2E034 (10/00)