

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91591 034 \*\*\*150.00

**DOCUMENT # P00000103513**

1. Entity Name  
**HOME & BUSINESS ACCENTS, INC.**

Principal Place of Business

Mailing Address

~~556 TIBERON COVE RD.~~  
~~LONGWOOD FL 32750~~

~~556 TIBERON COVE RD.~~  
~~LONGWOOD FL 32750~~

2. Principal Place of Business

*110 Sandy Oaks Pl.*  
 Suite, Apt. #, etc.

3. Mailing Address

*110 Sandy Oaks Pl.*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*Longwood, FL.*

City & State  
*Longwood, FL.*

4. FEI Number  
**59-3684040**

Applied For  
 Not Applicable

Zip Country  
*32779 Seminole*

Zip Country  
*32779 Seminole*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHALCHICK, WM.**

~~556 TIBERON COVE RD.~~  
~~LONGWOOD FL 32750~~

*110 Sandy Oaks Pl.*  
*32779*

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 *Wm Michalchick* *Wm Michalchick* *4/14/02*  
 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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PVSD**  
 STREET ADDRESS **MICHALCHICK, WM.**  
 CITY-ST-ZIP ~~556 TIBERON COVE RD.~~ *110 Sandy Oaks Pl.*  
~~LONGWOOD FL 32750~~ *32779*

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

TITLE ☐ Delete  
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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: *Wm Michalchick* *Wm Michalchick* *4/14/02*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *407 467-9618*

CR2E034 (9/01)