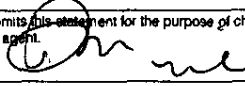
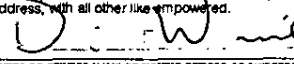


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90218 041 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80066610

DOCUMENT # P01000004270			
1. Entity Name HOME VISIONS OF PINELLAS, INC.			
Principal Place of Business 5136 1ST AVENUE N SAINT PETERSBURG, FL 33710 US		Mailing Address 8201 YARDLEY AVE N ST PETERSBURG, FL 33710	
2. Principal Place of Business 9202 Silverthorn Rd		3. Mailing Address 9202 Silverthorn Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo FL		City & State Largo FL	
Zip FL	Country	Zip 33777	Country Pinellas
4. FEI Number 59-3689700		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND, A WAYNE 6201 YARDLEY AVE N ST PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Holland A Wayne Street Address (P.O. Box Number is Not Acceptable) 6251 Park Blvd Suite 8 City Pinellas Park FL Zip Code 33781	
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  A. Wayne Holland. 3/25/03 (NOTE: Registered Agent's signature required when registering) DATE			
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 ☐ Delete NAME HOLLAND, A WAYNE STREET ADDRESS 8201 YARDLEY AVE N CITY-ST-ZIP ST PETERSBURG, FL 33710		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME WONSICK, DAVID J STREET ADDRESS 9362 SILVERTON RD CITY-ST-ZIP LARGO, FL 33777		TITLE ☒ Change ☐ Addition NAME Wonsick David J STREET ADDRESS 9202 Silverthorn Rd CITY-ST-ZIP Largo FL 33777	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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:  President 3-25-03 727-669-5000		DATE	