FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91599 005 ***150.00

DOCUMENT #
1. Entity Name P01000011532

ACTION HOME CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

074096

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
413 Jessamine Ave
Suite, Apt. #, etc.
City & State: New Smyrna Beach
Zip: 32169 Country: USA

3. Mailing Address
413 Jessamine Ave
Suite, Apt. #, etc.
City & State: New Smyrna Beach
Zip: 32169 Country: USA

4. FEI Number 59-3697897 — Applied For / X 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: Thomas C. Butler
Street Address (P.O. Box Number is Not Acceptable): 413 Jessamine Ave
City: New Smyrna Beach FL Zip Code: 32169

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: T.C. Butler
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE: 5-28-02

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	President
NAME	T.C. Butler
STREET ADDRESS	413 Jessamine Ave
CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 a 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: T.C. Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5-28-02 — Daytime Phone #

Attachment

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

#P01000011532

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: TC Butler EIN or SS#: _____

Address: 413 Jessamine Ave
New Smyrna Beach, Fl. 32169

Amount: $150.00 Date Paid: 5/23/01

Reason for Claim: not due yet — P01000011532
T.S. — reinstatement — 6-29-01

RECEIVED
01 JUL 10 PM 5:13
DIVISION OF CORPORATIONS

Certified true and correct this 29th *day of* June, 2001.

Signature see attach

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:
Amount of recommended refund $ 150
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on
State Treasurer's Receipt No. 90464/007 *dated* 5/23/01

NAME OF ACCOUNT: **45202130001453001000001000000**

Statutory Authority for Collection 607
It is requested that payment be made from the following account:

NAME OF ACCOUNT: **45202130001453001000022002000**

Certified true and correct this 12 *day of* July, 2001

Department of State, Division of Corporations
(Agency)

Karen Beyer BUREAU CHIEF
(Authorized Agency Signature and Title)

RECEIVED
01 JUL 13 PM 4:42
DIVISION OF CORPORATIONS
BUREAU OF
CORPORATE RECORDS

CR2E060(7/00)

Attachment

5/23/01-90464-007-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011532

1. Entity Name
A & T LOW HOME CONSULTING, INC

Principal Place of Business / Mailing Address
413 JESSAMINE AVE
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3697897 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
T C BUTLER
413 JESSAMINE AVE
N. SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent
Name — NA —
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
President TC BUTLER 413 JESSAMINE AVE NSB, FL 32169	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: T C Butler — T.C. BUTLER — 4-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date