

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049408

1. Entity Name
HOME IMPROVEMENT CHANNEL NETWORK CORPORATION

Principal Place of Business Mailing Address
101 WYMORE ROAD 101 WYMORE ROAD
SUITE 538 SUITE 538
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number ☒ Applied For
Not Applicable
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
GERRITY, MICHAEL J
101 WYMORE ROAD
SUITE 538
ALTAMONTE SPRINGS FL 32714
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 [Signature] DATE 1-04-02
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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE 1-04-02 DAYTIME PHONE # (407) 772-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90007 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)