## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 04, 2002 8:00 am Secretary of State 06-11-2002 90393 018 \*\*\*158.75

1. Entity Name  Home Sales & Kepair			U D D D D D D
DO NOT WRI	IG≇INA/HIS≴I	XGELT_L=:	
2. Principal Place of Business 2875 Bermuda Alle Suito, Apt. #, etc.	N. 2875 Bern Sulte, Apt. 1, etc.	ouda hue N.	DO NOT WRITE IN THIS SPACE
Apopka FL	City & State Apopha	FL	4. FEI Number 3724368 Applied For Not Applicable
32703 Semilo	e <sup>Zip</sup> 32703	Seminole	5. Certificate of Status Desired \$8.75 Additional Fee Required
TONOT LEUTHEL	WRITE	2875 City Ap	7. Name and Address of Current Registered Agent  Hon Boone  PO. Box Number is Not Acceptable)  Bermuda Avc W.  Opka FL Zip Code 32703
SIGNATURE Signature, types or printed norms of registrict  9. This corporation is eligible to satisfy its Intal Tax filing requirement and elects to do so. (See critiquia on back)	ngibte January Mi	Registered brinde or register Registered Agent sonature require ray/in Face list \$150,00 Face list \$550,00 Light list \$8125 10 Department of . \$12	twhon reinstating)  DATE  10. Election Campaign Financing \$5.00 May Be  Trust Fund: Contribution.
TIT 42 C E A	AND DIRECTORS		
NAME CIPTON Boone STREET ADDRESS 2875 Bernuc CITY-SI-ZIP Apopta FL	la Nue N. 32703	STREET ADDRESS CITY STATEMENT	E034B (12/01)
TIPLE AMAME STREET ADDRESS CITY-ST-ZIP		MANE SIRE ADDRESS CONCESSOR	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		STREET VALUES CONSESSION	DO NOT WRITE
TITLE NAME STREET ADDRESS CJIY-ST-ZIP		CHANGE TANK	POPULATION SPACE CONTRACTOR
TITLE MAME STREET ADDRESS CITY-ST-ZIP		五五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
TITLE NAME STREET ADDRESS OFTY - ST - ZIP			
13. I hereby certify that the information supplied with this filling 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 each; 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 on an attachment with an address, with all other like empowered. SIGNATIONS.			