

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90393 018 \*\*\*158.75

DOCUMENT # **FO1000053996**

1. Entity Name

**Home Sales & Repair**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2875 Bermuda Ave N.**

Suite, Apt. #, etc.

3. Mailing Address

**2875 Bermuda Ave N.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Apopka FL**

City & State

**Apopka FL**

4. FEI Number

**59-3724368**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

City & State

**Apopka FL**

City & State

**Apopka FL**

Zip

**32703**

Country

**Seminole**

Zip

**32703**

Country

**Seminole**

7. Name and Address of Current Registered Agent

Name

**Clifton Boone**

Street Address (P.O. Box Number is Not Acceptable)

**2875 Bermuda Ave N.**

City

**Apopka**

FL

Zip Code

**32703**

**DO NOT WRITE  
IN THIS SPACE**

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

**Clifton Boone**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 \$81.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

**CEO  
Clifton Boone  
2875 Bermuda Ave N.  
Apopka FL 32703**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)