

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

FILED

DOCUMENT # PO1000090478

1. Entity Name

NO PLACE LIKE HOME, INC.

02 APR 16 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3030 CEDAR STR

Suite, Apt. #, etc.

3. Mailing Address

3030 Cedar Str

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ZOLFO SPRINGS, FL

City & State

Zolfo Springs, FL

4. FEI Number

65-1149020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Gwendolyn McClain

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

3030 Cedar Str

City

Zolfo Springs

FL

Zip Code  
33890

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Gwendolyn McClain  
879 Chamberlain Blvd  
Wauchula, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700005449627-  
-05/03/02--01044--018  
\*\*\*\*150.00 \*\*\*\*150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0345 (12/03)

*J. McLean  
P.O. Box 923  
Lolof Springs, Fla.  
33890*



FLORIDA DEPARTMENT OF REVENUE  
DIVISION OF CORPORATION  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FL 32399-0135

