

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90320 001 *****8.75
 04-17-2002 90320 002 ***150.00

DOCUMENT # P01000095343

1. Entity Name

R H.O.W. HOUSE, INC.

Principal Place of Business

**503 W. PINE STREET
 LANTANA FL 33462**

Mailing Address

**503 W. PINE STREET
 LANTANA FL 33462**

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

65-1155919

Tax ID#

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HOLLEY, JOSEPH HARVEY
 503 W. PINE STREET
 LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name **Francis Zofay**

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

**503 W. Pine St
 Lantana, FL 33462**

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 **Joseph H. Holley P**

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

(NOTE: Registered Agent signature required when reinstating)

4/1/02

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, 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 **P** ☒ Delete
 NAME **HOLLEY, JOSEPH HARVEY**
 STREET ADDRESS **530 HERON DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **V** ☐ Delete
 NAME **ZOFAY, LISA**
 STREET ADDRESS **530 HERON DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
 NAME **Francis Zofay**
 STREET ADDRESS **7924 Blackwood Lane**
 CITY-ST-ZIP **Lake Worth, FL 33467**

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francis Zofay Vice President **4/1/02** **561-723-3601**

CR2E034 (9/01)