

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90134 036 \*\*\*150.00

0039176 AV

**DOCUMENT #** P01000099670

**1. Entity Name**  
HOMWORX SUPPLY OF FLORIDA I, INC.



**Principal Place of Business**  
8948 WESTERN WAY, STE 1  
JACKSONVILLE FL 32256

**Mailing Address**  
8948 WESTERN WAY, STE 1  
JACKSONVILLE FL 32256

**2. Principal Place of Business**  
5530 Florida Mining Blvd. S

**3. Mailing Address**  
Homework Supply of FL Inc

Suite, Apt. #, etc.

**City & State**  
Jacksonville, FL.

**City & State**  
Jacksonville, FL.

**Zip** 32257 **Country** USA

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☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3750853 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
DOSTER, JOHN  
8948 WESTERN WAY, STE 1  
JACKSONVILLE FL 32256

**7. Name and Address of New Registered Agent**  
Name John Doster  
Street Address (P.O. Box Number is Not Acceptable)  
5530 Florida Mining Blvd. South  
City Jacksonville FL Zip Code 32257

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **DATE** 2-8-03

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS AVERETTE, WILLIAM H IV 8948 WESTERN WAY, STE 1 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOSTER, JOHN 8948 WESTERN WAY, STE 1 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVERETTE, WILLIAM 8948 WESTERN WAY, STE 1 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** John Doster **DATE** 2-8-03 **DAYTIME PHONE #** 904-262-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)