2002 UNIFORM BUSINESS REPORT (UBR)

P01000102369 **DOCUMENT #**

1. Entity Name

AROUND THE HOUSE ENTERPRISES, INC.

Princip	al Place of Business	
3625 9	HINCREST DRIVE	

Mailing Address

MELBOURNE FL: 32904

3625 SUNCREST DRIVE MELBOURNE FL 32904

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zin Country	Zip Country				

FILED Jul 09, 2002 8:00 am Secretary of State

07-09-2002 90371 036 ***150.00



2. Principal Place of Business Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & State					FEI Number 0702539	Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
		7. h	Name and Address of New Registered	Agent			
	6. Name and Address of Current Re		Name				
	IAD ICREST DRIVE INE FL 32904		Street Add	iress (P.O. B	Box Number is Not Acceptable)		
			City	City FL Zip Code			
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its re	gistered office or r	egistered ag	ent, or both, in the State of Florida. I am	familiar with, and accept	
SİGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Ri	egistered Agent signature	required when re	einstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After September 13, 20 Make Check Payable to		002 Fee will be	\$750.00 of State	Trust Faire Contribution.	\$5.00 May Be Added to Fees		
11.	OFFICERS AND DI	RECTORS	12.	·AE	DDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS	P ROSS, CHAD 3625 SUNCREST DRIVE	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change ☐ Addition	

CITY-ST-ZIP **MELBOURNE FL 32904** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP-☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

July 1,2002 321-726-9573

U.B.R. 2002 Deument#
Poloso102369 To Whom It May Concern: Sincerely ChadJ, Ross