FILED
Jun 11, 2002 8:00 am
Secretary of State
05-21-2002 91141 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107362

1. Entity Name

New Home Gallery Franchising Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5425 S. Semoran Blvd	5425 S. Semoran Blvd
Suite, Apt. #, etc. Suite 8d	Suite, Apt. #, etc. Suite 8d
City & State Orlando FL	City & State Orlando FL
Zip 32822 Country USA	Zip 32822 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593755752 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROBERT R. BRUTOUT

Street Address (P.O. Box Number is Not Acceptable) 5425 S. SEMORAN BLVD # 8D

City ORLANDO FL Zip Code 32822

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
Late or 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	Brutout, Robert R
STREET ADDRESS	5425 S. Semoran Blvd, #8d
CITY-ST-ZIP	Orlando, FL 32822
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: _____ 4/30/02 407-384-7500
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #