


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

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 022 ***150.00

40025061

DO NOT WRITE IN THIS SPACE

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| DOCUMENT # 001000117490 |  |
| 1. Entity Name Honey Do Home And Office Repair Inc. | |

DO NOT WRITE IN THIS SPACE

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|--|--------------------------|---|--------------------------|
| 2. Principal Place of Business 6503 Commerce Dr. | | 3. Mailing Address 6702 Junius Ave. | |
| Suite, Apt. #, etc. Suite 4 | | Suite, Apt. #, etc. N/A | |
| City & State Orlando FL | | City & State Orlando FL | |
| Zip 32809 | Country ORANGE | Zip 32809 | Country ORANGE |

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|---|--|
| 4. FEI Number 593760704 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|-----------------------------------|--|----------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Spiegel & Utrera, P.A. | |
| | Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor | |
| | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when submitting)

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|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S Joseph E. LaBrecque 6702 Junius Ave Orlando FL 32809 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with or other like empowered.

| | |
|--|---------------|
| SIGNATURE: Joseph E. LaBrecque | 2-28-5 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date |

CR2E034B (12/02)