

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

DOCUMENT # **P02000007063**

1. Entity Name

National HomeCraft of Brevard Inc



**FILED
Jan 21, 2003 8:00 am
Secretary of State**

01-21-2003 90600 023 ***150.00

DO NOT WRITE IN THIS SPACE

90007528

2. Principal Place of Business

3. Mailing Address

P.O. Box 830157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

4. FEI Number

651150907

Applied For
Not Applicable

Zip

Country

Zip

34483

Country

Marion

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Gerald W McKinney**

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

2631 NE 49th Ct

City

Ocala

FL

Zip Code
34470

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

(NOTE: Registered Agent signature required when renewing)

DATE

1/15/03

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **McKinney, John P.** Delete
NAME **3541 SE Ft King St Ste 149**
STREET ADDRESS **Ocala, FL 34470**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Change
NAME **Gerald W. McKinney**
STREET ADDRESS **2631 NE 49th Ct**
CITY-ST-ZIP **Ocala FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 352-644-2580

Date

Daytime Phone #

CR2E034B (12/02)