2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State
03-17-2003 90691 047 ***150.00

DOCUMENT # P02000012291

1. Entity Name
HOME RUN HOME REPAIR'S INC.

Principal Place of Business	Mailing Address
9378 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225	9378 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32225

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1041 WALNUT ST	1041 WALNUT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JAX. FL.	City & State: JAX. FL.
Zip: 32206 Country: DUVAL	Zip: 32206 Country: DUVAL

4. FEI Number: 01-0586492 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, EARL E JR 1041 WALNUT ST. JACKSONVILLE, FL 32206	Name Street Address (P.O. Box Number Is Not Acceptable) 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 _____ DATE
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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, EARL		NAME		
STREET ADDRESS	1041 WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DELORIS		NAME		
STREET ADDRESS	1041 WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, LAVENDER		NAME		
STREET ADDRESS	647 PIPPIN ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHIN, JACKLENE		NAME		
STREET ADDRESS	3824 MARLO ST.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Earl E Anderson Jr. 2-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #