

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91885 036 \*\*\*150.00

8960990  
AV

**DOCUMENT # P02000019835**

1. Entity Name  
**FARMHOUSE HOME IMPROVEMENTS INCORPORATED**



Principal Place of Business  
**2831 RINGLING BLVD. STE D-113  
SARASOTA FL 34237**

Mailing Address  
**2831 RINGLING BLVD. STE D-113  
SARASOTA FL 34237**



2. Principal Place of Business  
**Egret Tower Drive**

3. Mailing Address  
**Egret Tower Drive**

Suite, Apt. #, etc.  
**Suite 13938B**

Suite, Apt. #, etc.  
**Suite 13938B**

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

4. FEI Number  
**04-3613019**

Applied For  
☐ Not Applicable

Zip Country  
**32837 USA**

Zip Country  
**32837 USA**

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

**MORGAN, HUGH  
2831 RINGLING BLVD, STE D-113  
SARASOTA FL 34237**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME  
**PD Michael Leggett**  
STREET ADDRESS  
**Egret Tower Drive, Suite 13938B**  
CITY-ST-ZIP  
**Orlando, FL 32837**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)