


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

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

05-05-2003 91867 005 ***150.00

DOCUMENT # p02000032808	3-26-2002	
1. Entity Name Homework Computing, Inc.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3944 Verona Cr Suite, Apt. #, etc.	3. Mailing Address 3944 Verona Cr Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Panama City	City & State Panama City	4. FEI Number 01-0641488	Applied For Not Applicable
Zip 32405	Country USA	Zip 32405	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lori Larson
Street Address (P.O. Box Number is Not Acceptable)
3944 Verona Cr.
City Panama City FL Zip Code 32405

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  **Lori J. Larson** **4-29-2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Myra Selby (President) 404 Viola Ave Panama City FL, 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lori Larson (V-President) 3944 Verona Cr. Panama City FL, 32405	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 all other like empowered.

SIGNATURE  **Myra Selby** **4-29-2003** **(850) 774-4459**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)