08/07/2003 13:22 8502221666 CORPORATE ACCESS PAGE 02/02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

03 AUG -8 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700022291707
08/13/03--01055--018 **61.25

DOCUMENT # P02000068021

1. Entity Name

Rent to own Homes, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18026 Sicily Avenue
Suite, Apt. #, etc.
City & State
Port Charlotte, FL
Zip 33948 County Charlotte

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
22 3874316
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Ralph Poma
Street Address (P.O. Box Number is Not Acceptable)
18026 Sicily Avenue
City Port Charlotte FL Zip Code 33948

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.

SIGNATURE Ralph Poma 8/7/03
Signature of an officer or director required if changing registered office address. (NOTE: Registered Agent must be notified in writing.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Poma Director 18026 Sicily Avenue Port Charlotte, FL 33948
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Poma 8/7/03 941-497-4000 x5
SIGNATURE OF OFFICER OR DIRECTOR — TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)