


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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90218 025 \*\*\*150.00

<b>DOCUMENT # P02000080642</b>	
1. Entity Name <b>ALOHA HOME SERVICES, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>511 JACKSON STREET</b>	3. Mailing Address <b>511 JACKSON STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>LAKE HELEN, FL</b>	City & State <b>LAKE HELEN, FL</b>	4. FEI Number <b>05-0526088</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32744</b>	Country <b>VOLUSIA</b>	Zip <b>32744</b>	Country <b>VOLUSIA</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>GLENN MATTHEWS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>511 JACKSON STREET</b>	
City <b>LAKE HELEN</b>	FL Zip Code <b>32744</b>

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: *Glenn T. Matthews Pres.* DATE: 1-21-03

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>GLENN T. MATTHEWS 511 JACKSON ST LAKE HELEN, FL 32744</b>	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: *Glenn T. Matthews Pres.* DATE: 1-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)