

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002270

1. Entity Name
HOME AFFAIRS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90046 002 ***150.00

Principal Place of Business
**1402 PALMETTO AVE.
LEHIGH ACRES FL 33936**

Mailing Address
**1402 PALMETTO AVE.
LEHIGH ACRES FL 33936**

2. Principal Place of Business

1402 Palmetto Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres

City & State

FL

4. FEI Number **65-0550674**

Applied For

Not Applicable

Zip

33936

Country

Lee

Zip

33936

Country

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

6. Name and Address of Current Registered Agent

**ARNOLD, JEFFREY M
1402 PALMETTO AVE.
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

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.

SIGNATURE **Jeff Arnold**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/01
DATE

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	VP	<input type="checkbox"/> Delete
NAME	ARNOLD, JEFFREY M	
STREET ADDRESS	1402 PALMETTO AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARNOLD, ADRIENNE M.	
STREET ADDRESS	1402 PALMETTO AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	MVP	<input checked="" type="checkbox"/> Delete
NAME	CAUDILL, ALLEN	
STREET ADDRESS	4689 PINE ISLAND ROAD	
CITY-ST-ZIP	MATLACHE PASS FL 33993	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeff Arnold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/01

Daytime Phone #

941 368 3290

CR2E034 (10/00)