2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000026754

Title:

Name: Address:

City-St-Zip:

Entity Name: THE HOME ARRANGERS, INC.

FILED Mar 04, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2413 POTTS RD 2800 CAPITAL CIRCLE ,NE TALLAHASSEE, FL 32308 C-149 TALLAHASSEE, FL 32308 **Current Mailing Address:** New Mailing Address: 2413 POTTS RD PO BOX 12808 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32317-280 US FEI Number: 65-0584104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYE, JIMMY DYE, JIMMY 317 É. CALL ST. 236 É. 5TH AVENUE. TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 US US 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: 03/04/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: (X) Change () Addition Name: LEA, DEE Name: LEA, DEE 2413 POTTS RD. 2818 ATLANTIS PLACE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32303 US Title: Title: (X) Change () Addition () Delete GRAHAM, PHYLLIS B Name: LEA DEE Name: 2413 POTTS RD. 1101 BROWNING DR. Address: Address: TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete LEA, DEE C Name: Name: 2818 ATLANTIS PLACE Address Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHYLLIS B. GRAHAM PT 03/04/2002

() Delete

() Change (X) Addition

GRAHAM, PHYLLIS B

1101 BROWNING DR.

TALLAHASSEE, FL 32308 US