

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90134 048 \*\*\*150.00

**DOCUMENT # P96000010786**

**1. Entity Name**  
**HOMEBOUND ALTERNATIVES, INC.**



**Principal Place of Business**

~~12150 MANDARIN ROAD~~  
~~JACKSONVILLE FL 32223~~

**Mailing Address**

~~12150 MANDARIN ROAD~~  
~~JACKSONVILLE FL 32223~~

**2. Principal Place of Business**

**8663 SAN SERVERA DR. E**  
Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. BOX 58178**  
Suite, Apt. #, etc.

**City & State**

**JACKSONVILLE, FL.**

**City & State**

**JACKSONVILLE, FL.**

**4. FEI Number**

**59-3359569**

**Applied For**

**Not Applicable**

**Zip**

**32217**

**Country**

**USA**

**Zip**

**32241-8178**

**Country**

**USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**MOORE, SARA B**  
**12150 MANDARIN ROAD**  
**JACKSONVILLE FL 32223**

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

**Name**  
**SARA B. MOORE**

**Street Address (P.O. Box Number is Not Acceptable)**

**8663 SAN SERVERA DR. E.**

**City** **JACKSONVILLE, FL** **Zip Code** **32217**

**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**

*Sara B. Moore*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-9-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

<b>TITLE</b>	<b>PSTO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOORE, SARA B</b>	
<b>STREET ADDRESS</b>	<b>12150 MANDARIN RD</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32223</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SARA B. MOORE</b>	
<b>STREET ADDRESS</b>	<b>8663 SAN SERVERA DR. E.</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL. 32217</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: SARA B. MOORE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03 (904)268-2552**

Date

Daytime Phone #

CR2E034 (10/02)