2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91188 010 ***158.75

DOCUMENT # P96000031183

1. Entity Name
ITS YOUR HOME, INC

Principal Place of Business	Mailing Address
121 RAVEN COURT ROYAL PALM BEACH FLORIDA 33411	129 ELYSIUM DRIVE ROYAL PALM BEACH FLORIDA 33411

00070241

2. Principal Place of Business	3. Mailing Address
121 RAVEN COURT	129 ELYSIUM DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH FL	City & State: ROYAL PALM BEACH FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0662269 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERNEST GARVEY
129 ELYSIUM DRIVE
ROYAL PALM BEACH FL 33411

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Delete
NAME	VICTORINE GARVEY	
STREET ADDRESS	129 ELYSIUM DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	☐ Delete
NAME	ERNEST GARVEY	
STREET ADDRESS	129 ELYSIUM DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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 617, 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: Ernest Garvey - ERNEST GARVEY 5/10/01 561 790 0169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 YEAR