

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90473 001 ***150.00
 04-23-2002 90473 002 *****8.75

DOCUMENT # P96000031183

1. Entity Name
IT'S YOUR HOME, INC.

Principal Place of Business
**121 RAVEN CT
 ROYAL PALM BEACH FL 33411
 US**

Mailing Address
**129 ELYSIUM DRIVE
 ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0662269

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GARVEY, ERNEST
 129 ELYSIUM DRIVE
 ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name **VICTORINE GARVEY**
 Street Address (P.O. Box Number is Not Acceptable)
129 ELYSIUM DRIVE
ROYAL PALM BEACH
 City **FL** Zip Code **33411**

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 **VICTORINE GARVEY**

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

4/13/02
 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, 2002 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 **PSD** ☐ Delete
 NAME **GARVEY, VICTORINE**
 STREET ADDRESS **129 ELYSIUM DRIVE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **VPTD** ☒ Delete
 NAME **GARVEY, ERNEST**
 STREET ADDRESS **129 ELYSIUM DRIVE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPTD** ☐ Change ☒ Addition
 NAME **DAVID COX**
 STREET ADDRESS **122 MONTAREY WAY**
 CITY-ST-ZIP **ROYAL PALM BEACH FLORIDA 33411**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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:

VICTORINE GARVEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 **(561)790 0169**
 Date Daytime Phone #

CR2E034 (9/01)