## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P96000047790

Mailing Address

1. Entity Name

HOME SOLUTIONS, INC.



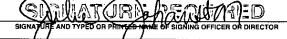
## FILED Aug 29, 2002 8:00 am Secretary of State

08-29-2002 90008 001 \*\*\*400.00 08-29-2002 90008 002 \*\*\*150.00

642 6TH AVE. N. NAPLES FL 34102 US			P.O. BOX 224 NAPLES FL 34706 US								
2. Principal P	lace of Busin	ess	3. Mailing Address				1 IBBNIOOL ILO IBLIG ORTE BOLE VEELE DOLE		U 40031 10010 1	(B1)( B6(( 160)	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	Э		City & State			4. F	FEI Number <b>65-0683552</b>			oplied For ot Applicable	
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current	Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
JOHANSS				Idrass (P.O. B	lox Number is Not Acceptab <u>le</u> )						
	WENUE NO	PRTH		Jiliger Address			OX TONIO CONTROL TO COOR CONTROL TO CONTROL				
NAPLES F	L 34102										
					City			FL	Zip Code	е	
SIGNATURE	•	y submits this statement for				registered ago	ent, or both, in the State of Florida.	DATE			
Tax filing r		ible to satisfy its Intangible and elects to do so.	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campaign Financin     Trust Fund Contribution.	g 🗆		May Be I to Fees	
11.	_	OFFICERS AND		12.	i	AD	DITIONS/CHANGES TO OFFICER				
TITLE  NAME  STREET ADDRESS  CIT  ST-ZIP	D JOHANSS 642 6TH A NAPLES F	VENUE NORTH	☐ Delete					[	☐ Change	☐ Addition	
TITEE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete					{	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortify that the	s information currelled with	Delete	CITY	E EET ADDRESS -ST-ZIP	ad in Continu	19.07(3)(i). Florida Statutes. I furth		Change	Addition	

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:



7.12.02

339 434 9577 Daytime Phone #