2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P97000004506

DOCUMENT# 1. Entity Name



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90176 005 ***150.00

M.O.M. HOME MANAGEMENT INC.										
Principal Place 1439 SIMMON KISSIMMEE F	NS RD	ss	Mailing Address 1439 SIMMONS RD KISSIMMEE FL 34744							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 59	-3418147			Applied For Not Applicable	
Zip		Country	Zip	Country	y 	5. Certificate of Statu			Fee Req	Additional Jired
	6. Name	and Address of Currer	nt Registered Agent			7. Name and Addres	ss of New Re	gistered	Agent	
1001 FBF	E DADIEN			-	Name	u enses				
APPLEBEE, DARLENE 1439 SIMMONS RD						(P.O. Box Number is Not	t Acceptable)			
KISSIMMEE FL 34744				City			 		Zip C	ode
8. The above	named entit	y submits this statement	for the purpose of changing its	s registered		ered agent, or both, in the	State of Flori	FL ida. I am	<u>- </u>	
	tions of regist			-	_	•				
SIGNATURE	Signature, typed	d or printed name of registered ager	nt and title if applicable. (NO)	TE: Registered A	Agent signature require	d when reinstating)		DATE		
		!! FEE IS \$150.00		_		· {	 :			
			l			9. Election C	ampaign Fina	incing	\$5	ON May Be
		03 Fee will be \$550.00 o Florida Department	of State			Trust Fund	ampaign Fina I Contribution.	.	Ad	.00 May Be ded to Fees
	k Payable to	03 Fee will be \$550.00 o Florida Department	of State D DIRECTORS	11.			I Contribution.	.	D DIRECT	DRS IN 11
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12. Thereby 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: