

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90001 036 \*\*\*150.00

**DOCUMENT # P97000010112**

1. Entity Name  
**DO YOUR HOME A FAVOR, INC.**

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Principal Place of Business 5600 POINSETTIA #409 WEST PALM BEACH FL 33407	Mailing Address 5600 POINSETTIA #409 WEST PALM BEACH FL 33407
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RU0010110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0728159**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLOUGHLIN, MICHAEL**  
**5600 POINSETTIA**  
**#409**  
**WEST PALM BEACH FL 33407**

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
	<b>PSTD</b> <b>MCCLOUGHLIN, MICHAEL</b> <b>5600 POINSETTIA, #409</b> <b>WEST PALM BEACH FL 33407</b>		

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: *Michael McCoughlin*      Date: 9-1-2000      Daytime Phone #: 561-842-1169

CR2E034 (5/00)

Attachment Rec# P97000010112  
A0075715



Do Your Home a Favor

MICHAEL McLOUGHLIN  
Master Carpenter

5600 Poinsettia #409  
W.P.B., FL 33407  
(407)-842-1169

4-1-2000

Dear Secretary of State,

This is this 1<sup>st</sup> and only notice  
I received. I received it after the  
deadline. enclosed please find a check  
for \$150 - filary fee.

Thanks you -

Michael McLaughlin  
President