

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040157

1. Entity Name

YOUR HOME'S COMPANION INCORPORATED

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90085 007 ***150.00

Principal Place of Business

700 RUSSELL ST.
LONGBOAT KEY FL 34228

Mailing Address

700 RUSSELL ST.
LONGBOAT KEY FL 34209-4919

2. Principal Place of Business

7325 19th Ave W
Suite, Apt. #, etc.

3. Mailing Address

7325 19th Ave W
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

65-0757504

Applied For

Not Applicable

Zip

Country

34209-4919

Zip

Country

34209-4919

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

COONS, THOMAS V
700 RUSSELL ST.
LONGBOAT KEY FL 34228

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 D
NAME COONS, THOMAS V
STREET ADDRESS 700 RUSSELL ST.
CITY-ST-ZIP LONGBOAT KEY FL 34228

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

THOMAS V COONS PRESIDENT 4-17-00

Date

Daytime Phone #

CR2E034 (9/99)