

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90194 001 ***317.50

DOCUMENT # P97000091784

1. Entity Name
HOME 1-2-3 CORP.



Principal Place of Business
**5150 PALM VALLEY RD
STE 103
PONTE VEDRA FL 32082**

Mailing Address
**5150 PALM VALLEY ROAD
SUITE 103
PONTE VEDRA FL 32082**

33004003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3475835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, JOHN R
C/O HOME 1-2-3 CORP.
5150 PALM VALLEY RD STE 103
PONTE VEDRA FL 32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPC**
STREET ADDRESS **JOSEPH D DOYLE JR**
CITY-ST-ZIP **12524 MARSH CREEK DR new address
PONTE VEDRA BCH FL 32382**

TITLE ☒ Change ☐ Addition
NAME **DPC**
STREET ADDRESS **Joseph D. Doyle Jr.**
CITY-ST-ZIP **7170 Marsh Hawk Ct.
Ponte Vedra Bch, FL 32382**

TITLE ☐ Delete
NAME **DVPST**
STREET ADDRESS **MARSHALL, JOHN R**
CITY-ST-ZIP **541 LE MASTER DR
PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Daniel L. Rich**
CITY-ST-ZIP **359 Wyckoff Ave.
Wyckoff, N.J. 07481**

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **CAFFREY, DANIEL W**
CITY-ST-ZIP **1100 THE AMERICAN RD STE 101
MORRIS PLAINS NJ 07950**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Jill Doyle**
CITY-ST-ZIP **7170 Marsh Hawk Ct.
Ponte Vedra Bch, FL 32382**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NEILL, JON D**
CITY-ST-ZIP **C/O PCFS 309 VINE ST 179D
CINCINNATI OH 45202**

TITLE ☒ Change ☐ Addition
NAME **DVP**
STREET ADDRESS **Daniel W. Caffrey**
CITY-ST-ZIP **1100 The American Rd. Ste 101
Morris Plains, NJ 07950**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRAVINO, RICHARD**
CITY-ST-ZIP **C/O PCFS 309 VINE ST 179D
CINCINNATI OH 45202**

TITLE ☒ Change ☐ Addition
NAME **DVPST**
STREET ADDRESS **John R. Marshall**
CITY-ST-ZIP **541 Le Master Dr.
Ponte Vedra Beach, FL 32082**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOYLE, JILL**
CITY-ST-ZIP **12524 MARSH CREEK DR A Address
PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **DOYLE, JILL**
CITY-ST-ZIP **12524 MARSH CREEK DR A Address
PONTE VEDRA BEACH FL 32082**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03
Date

904.285.8351
Daytime Phone #

CR2E034 (10/02)