

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90239 016 ***150.00

DOCUMENT # P98000006930
 Entity Name
HOME OPTIONS, INC.

Principal Place of Business Mailing Address
 SADDLEHORN DR S 5157 SADDLEHORN DR S
 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257-3602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4243 Sunbeam Road **P.O. Box 56569**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 6
 City & State City & State
Jacksonville, FL **Jacksonville, FL**
 Zip Zip Country Country
32256 **32241-6469** **Duval** **Duval**

4. FEI Number **APPLIED FOR** Applied For
3488907 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KING, MARIA V
5157 SADDLEHORN DRIVE SOUTH
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, WILLIAM H 5157 SADDLEHORN DRIVE SOUTH JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUN, MALIBU 9536 PRINCETON SQUARE BLVD. #2805 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, MARIA V 5157 SADDLEHORN DRIVE SOUTH JACKSONVILLE FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria V King* **REQUIRED** **Signature and Typed or Printed Name of Signing Officer or Director** **Date** **Daytime Phone #**
Maria V. King, President **(904) 733-4010** **04/13/00**

CP2E034 (9/99)