2001 UNIFORM BUSINESS REPORT (UBR)

09-05-2001 90009 006 ***550.00
P98000006930

FILED
01 SEP 17 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006930

1. Entity Name
HOME OPTIONS, INC.

Principal Place of Business
4243 SUNBEAM RD.
STE. 6
JACKSONVILLE FL 32256

Mailing Address
PO BOX 56569
JACKSONVILLE FL 32241-6469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11560 Old St. Augustine Road
Suite, Apt. #, etc.: Suite 4
City & State: Jacksonville, Florida
Zip: 32258 Country: USA

3. Mailing Address: P.O. Box 56469
Suite, Apt. #, etc.:
City & State: Jacksonville, Florida
Zip: 32241-6469 Country: USA

4. FEI Number: 59-3488907 ☐ Applied For ☐ 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 Maria V. King 08-22-01
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 $550.00
After September 12, 2001 Fee 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING, MARIA V 5157 SADDLEHORN DRIVE SOUTH JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED 08-22-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/01)