

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008096

1. Entity Name  
**HOME ACCENTS UNLIMITED INC.**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90054 026 \*\*\*150.00

Principal Place of Business  
**FOUR HARGROVE GRADE  
STE A  
PALM COAST FL 32137**

Mailing Address  
**FOUR HARGROVE GRADE  
STE A  
PALM COAST FL 32137-5111**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-3505279**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**EMLING, RICHARD F.  
EIGHT CLASSIC COURT  
PALM COAST FL 32137**

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 \_\_\_\_\_ 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. ☐ **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	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, RICHARD F</b>		NAME		
STREET ADDRESS	<b>8 CLASSIC CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>		CITY-ST-ZIP		
TITLE	<b>DP</b>	<input type="checkbox"/> Delete	TITLE	<b>DP Emling Scott W.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, SCOTT W</b>		NAME	<b>505 Prosperity LAKE DR</b>	
STREET ADDRESS	<b>3242 MORGANIZER TR.</b>		STREET ADDRESS	<b>ST. AUGUSTINE FL. 32092</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32065</b>		CITY-ST-ZIP		
TITLE	<b>DV</b>	<input type="checkbox"/> Delete	TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, SHAWN M</b>		NAME	<b>EMLING SHAWN M</b>	
STREET ADDRESS	<b>1660 WESTFIELD CT.</b>		STREET ADDRESS	<b>2257 WALKERS GLEN LANE</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE GA 30243</b>		CITY-ST-ZIP	<b>JACKSONVILLE, FLA. 32246</b>	
TITLE	<b>DTS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMLING, ELLY M</b>		NAME		
STREET ADDRESS	<b>8 CLASSIC CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Richard F. Emling* **Director** **4-17-00** **904-445-3763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)