## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000070198** May 16, 2000 8:00 am Secretary of State 1. Entity Name THE HOMEOWNER'S HELPER OF DESTIN, INC. 05-16-2000 90008 016 \*\*\*150.00 Mailing Address Principal Place of Business 801 SPANISH MOSS TRAIL **801 SPANISH MOSS TRAIL DESTIN FL 32541-2606** DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Mountain Mountain Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3556312 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required <u>us A</u> 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name JONES, GEORGE Street Address (P.O. Box Number is Not Acceptable) 801 SPANISH MOSS TRAIL DESTIN FL 32541 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax:filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Change ☐ Addition MARTIN, STEVE 1 12,314 and 1 and 1 NAME . . 801 SPANISH MOSS TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Delete TITLE Change Addition **BRYANT, JERRY** NAME NAME STREET ADDRESS STREET ADDRESS **801 SPANISH MOSS TRAIL** CITY-ST-7JP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Addition ☐ Delete TITLE JONES, GEORGE NAME NAME STREET ADDRESS 801 SPANISH MOSS TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP oftes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empowered. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR