2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000043709** Apr 22, 2000 8:00 am Secretary of State DIRECT HOME IMPROVEMENTS, INC. 04-22-2000 90036 035 ***150.00 Mailing Address Principal Place of Business 13215 ELLISON WILSON ROAD 13215 ELLISON WILSON ROAD JUNO BEACH FL 33408-2139 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address 6043 B 6063 BARRA Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 05-0925601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.™Name and Address of Current Registered Agent Name ESTABROOK, WALTER Street Address (P.O. Box Number is Not Acceptable) 13215 ELLISON WILSON ROAD JUNO BEACH FL 33408 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** мау Ве 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 11, PD Addition S TITLE TITLE ☐ Defete ESTABROOK, BRIAN NAME 13215 ELLISON WILSON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Change Addition TITLE ☐ Delete TITLE ESTABROOK, WALTER NAME NAME STREET ADDRESS 13215 ELLISON WILSON ROAD STREET ADDRESS CITY-ST-ZIE JUNO BEACH FL 33408 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change : Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

55tabrook 4/14/a