

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058362

1. Entity Name

HOME AGAIN, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90008 023 ***150.00

Principal Place of Business

6020 FOURTH ST N
ST. PETERSBURG FL 33703

Mailing Address

GLADES BLDG STE 303
877 EXECUTIVE CENTER DR W
ST. PETERSBURG FL 33702-2460

2. Principal Place of Business

8134 3RD STREET N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FLORIDA

City & State

City & State

Zip

33702

Country

PINEILLAS.

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

THOMAS J. JOHNS

Street Address (P.O. Box Number is Not Acceptable)

8134 3RD STREET NORTH

City

ST. PETERSBURG

FL

Zip Code

33702

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
VD
JOHNS, BRIAN T
6020 FOURTH ST N
ST. PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
JOHNS BRIAN T.
3903 BENSON AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
THOMAS J. JOHNS
8134 3RD STREET NORTH
ST. PETERSBURG, FLORIDA 33702 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: BRIAN T. JOHNS VP 4/12/00 (727) 798-6904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #