

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 18, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000060205**1. Entity Name
HOMEWORK INK, INC.

Principal Place of Business

5458 28TH STREET SOUTH, #117

ST. PETERSBURG
44712

FL

Mailing Address

5458 28TH STREET SOUTH, #117

ST. PETERSBURG
44712

FL

2. Principal Place of Business

5458 28TH STREET SOUTH

Suite, Apt. #, etc.

#117

City & State

ST. PETERSBURG

FL

Zip
33712

Country

3. Mailing Address

5458 28TH STREET SOUTH

Suite, Apt. #, etc.

#117

City & State

ST. PETERSBURG

FL

Zip
33712

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARY JIM

5458 28TH STREET SOUTH, #117

ST. PETERSBURG

FL

44712

7. Name and Address of New Registered Agent

Name

GARY JIM

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

5458 28TH STREET SOUTH

#117

City

ST. PETERSBURG

FL

Zip Code
33712

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 **JIM GARY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/18/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME GARY JIM
STREET ADDRESS 5458 28TH STREET SOUTH, #117
CITY-ST-ZIP ST. PETERSBURG FL 44712TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Jim Gary

PSTD

02/18/2000