

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 13, 2000 08:00 AM  
Secretary of State****DOCUMENT # P99000081179****1. Entity Name**  
TURNAROUND HOUSING, INC.

<b>Principal Place of Business</b> 4763 KIRK RD.  LAKE WORTH 33461	<b>Mailing Address</b> 4763 KIRK RD.  LAKE WORTH 33461
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 23 DOWLING DRIVE  Suite, Apt. #, etc.
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<b>City &amp; State</b>  Zip	<b>City &amp; State</b> MIDDLETON NH  Zip
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<b>4. FEI Number</b> 65-0953078	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

ROY DAVID R  
4209 N. FEDERAL HWY  
  
POMPANO BEACH FL  
33064 US

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> FL <b>Zip Code</b>

**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)**09/13/2000**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 State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	VS <input type="checkbox"/> Delete
<b>NAME</b>	SOLOMON GARY
<b>STREET ADDRESS</b>	6445 NW 55TH MANOR
<b>CITY-ST-ZIP</b>	CORAL SPRINGS FL 33067

<b>TITLE</b>	PT <input type="checkbox"/> Delete
<b>NAME</b>	BOHARIC EDWARD
<b>STREET ADDRESS</b>	4763 KIRK ROAD
<b>CITY-ST-ZIP</b>	LAKE WORTH FL 33467

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	SOLOMON GARY VP,S
<b>STREET ADDRESS</b>	6445 NW 55TH MANOR
<b>CITY-ST-ZIP</b>	CORAL SPRINGS FL 33067

<b>TITLE</b>	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BOHARIC EDWARD P,T
<b>STREET ADDRESS</b>	4763 KIRK ROAD
<b>CITY-ST-ZIP</b>	LAKE WORTH FL 33467

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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** Edward L. Boharic**P.T.** 09/13/2000