

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90117 001 ***300.00

DOCUMENT # **P 990000.90 437**

1. Entity Name

GOOD HOMES VILLAGE INC.

Principal Place of Business

**4153 10TH AVENUE NORTH
 ST. PETERSBURG FL 33713**

Mailing Address

**4153 10TH AVENUE NORTH
 ST. PETERSBURG FL 33713**

2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536401

Applied For

Not Applicable

Zip

33713

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CONLTO, ANTHONY
 5340 CENTRAL AVE
 SAINT PETERSBURG FL 33708**

7. Name and Address of New Registered Agent

Name

EARL EBERLY

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

4153 10th AVE

City

St Petersburg

FL

Zip Code

33713

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

EARL EBERLY

(NOTE: Registered Agent signature required when reinstating)

4-26-02

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, 2002 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

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **EBERLY, EARL**
 CITY-ST-ZIP **4153 10TH AVENUE NORTH
 ST. PETERSBURG FL 33713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL EBERLY

4/29/02

Date

Daytime Phone #

**727
 (321-6293)**