2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2000 8:00 am Secretary of State DOCUMENT # **P99000105302** HOME CONVENIENCE, INC. 04-29-2000 90006 002 ***158.75 Mailing Address Principal Place of Business BELL RIDGE DR PO BOX 7407 PENSACOLA FL 32534 ------ FL 32526 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENRY, ONESIMUS JR Street Address (P.O. Box Number is Not Acceptable) 9348 BELL RIDGE DR PENSACOLA FL 32526 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 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 13 OFFICERS AND DIRECTORS 12. 11. Addition President ☐ Change ☐ Delete TITLE TITLE Onesimus Henry, JR. NAME NAME STREET ADDRESS 9348 Bell Ridge DR. STREET ADDRESS CITY-ST-ZIP Pensacola CITY-ST-ZIP Addition Change vice president ☐ Delete TITLE TITLE NAME NAME John Lomax 833 Horsemen's Poth STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Addition** .. Change. Delete__ TITLE .. TITI F NAME NAME STREET ADDRESS STREET ADDRESS 3<u>2526</u> CITY-ST-ZIP nsacola CITY-ST-ZIP □ Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 attackment with an address ss, with all like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR