


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000105302	
1. Entity Name Home Convenience, Inc	

FILED

03 MAY -1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 833 Horsemen's Path		3. Mailing Address PO Box 7407	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cantonment FL		City & State Pensacola, FL	
Zip 32533	Country USA	Zip 32534	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615074		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Onesimus Henry, Jr.	
	Street Address (P.O. Box Number is Not Acceptable) 833 Horsemen's Path	
	City Cantonment	FL Zip Code 32533

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Onesimus Henry, JR. (New Address) 833 Horsemen's Path Cantonment, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000P-1768534 07/24/03--01064--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Lomax 833 Horsemen's Path Cantonment, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bridgett Henry (New Address) 833 Horsemen's Path Cantonment, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cardi Lomax 833 Horsemen's Path Cantonment, FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cardi Lomax**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

476-5638
Telephone #

CR2E034B (12/02)