

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90100 027 \*\*\*150.00

**DOCUMENT # P02000042804**

1. Entity Name  
**CAN-DO HOME MAINTENANCE & REPAIRS, INC.**



Principal Place of Business  
**2556 WATTLE TREE RD. WEST  
JACKSONVILLE FL 32246**

Mailing Address  
**2556 WATTLE TREE RD. WEST  
JACKSONVILLE FL 32246**



2. Principal Place of Business  
**2745 Cortez Road**  
Suite, Apt. #, etc.  
**Jacksonville, Florida**  
City & State  
**32246 Duval**  
Zip Country

3. Mailing Address  
**2745 Cortez Road**  
Suite, Apt. #, etc.  
**Jacksonville, Florida**  
City & State  
**32246 Duval**  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**16-1637556** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GALLIHER, MORRIS A**  
**2556 WATTLE TREE RD. WEST**  
**JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent  
Name  
**Gallier, Morris A**  
Street Address (P.O. Box Number is Not Acceptable)  
**2745 Cortez Road**  
**Jacksonville, Florida 32246**  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLIHER, MORRIS A</b> <b>2556 WATTLE TREE RD. WEST</b> <b>JACKSONVILLE FL 32246</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gallier, Morris A</b> <b>2745 Cortez Rd.</b> <b>Jacksonville FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLIHER, KELLY L</b> <b>2556 WATTLE TREE RD. WEST</b> <b>JACKSONVILLE FL 32246</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gallier, Kelly L</b> <b>2745 Cortez Rd.</b> <b>Jacksonville, FL 32246</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelly L Gallier* **3/13/03** **(904) 646-4849**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)