

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

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90085 019 \*\*\*150.00

0117323 AV

**DOCUMENT # P02000119857**

1. Entity Name  
**QUALITY HOME REPAIR & MAINTENANCE INC.**



Principal Place of Business <b>319 N.W. LA PLAYA ST. PORT ST. LUCIE FL 34983 US</b>	Mailing Address <b>319 N.W. LA PLAYA ST. PORT ST. LUCIE FL 34983 US</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>04 3721645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**URSO, STEVEN P**  
**319 N.W. LA PLAYA ST**  
**PORT ST. LUCIE FL 34983**

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

Name \_\_\_\_\_

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

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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		<input type="checkbox"/> Delete
TITLE <b>P</b>	NAME <b>URSO, STEVEN P</b>	<input type="checkbox"/>
STREET ADDRESS <b>319 N.W. LA PLAYA ST.</b>	CITY-ST-ZIP <b>PORT ST. LUCIE FL 34983</b>	
TITLE <b>VP</b>	NAME <b>RUSSO, GIROLAMO</b>	<input type="checkbox"/>
STREET ADDRESS <b>391 S.W. SOUTH QUICK CIRCLE</b>	CITY-ST-ZIP <b>PORT ST. LUCIE FL 34953</b>	
TITLE <b>TREA</b>	NAME <b>URSO, STEVEN P</b>	<input type="checkbox"/>
STREET ADDRESS <b>319 N.W. LA PLAYA ST.</b>	CITY-ST-ZIP <b>PORT ST. LUCIE FL 34983</b>	
TITLE <b>SEC</b>	NAME <b>RUSSO, GIROLAMO</b>	<input type="checkbox"/>
STREET ADDRESS <b>391 S.W. SOUTH QUICK CIRCLE</b>	CITY-ST-ZIP <b>PORT ST. LUCIE FL 34953</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
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 Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Steven P. Urso, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(772) 370-7146  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (4/03)

Attachment

80138932

~~FP028000119857~~

# Quality Home Repair & Maintenance, Inc.

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July 16, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 2003 For Profit Corporation  
Uniform Business Report (UBR)  
Quality Home Repair & Maintenance Inc.  
EIN: 04-3721645**

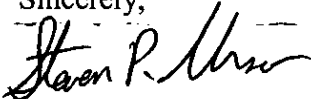
To Whom It May Concern:

I am writing in response to your notice for the 2003 Uniform Business Report that I just recently received. This is the first notice that I have received. As this was the first year of business, I was unaware that this report needed to be filed

I have enclosed the UBR and a check for the original filing fee of \$150. I respectfully request that you waive the late filing penalty of \$400.

If you have any questions, please contact me at (772) 370-7146. Thank you for your consideration and attention to this matter.

Sincerely,



Steven P. Urso  
President

Enclosure