FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(3)

FILED Apr 29 1996 8:00 am Secretary of State

1 1000101111111	ELEVE HALOT (LEVE ATAL)	LIBAL BYBN BUBN BH	
THE PROPERTY OF THE PROPERTY O			/
	8(818 1616) 11811 61813	POLICE PROPERTY BARBER B. B. B. B. B. B. B. B	IA BRAIL BIBIL BLAIN IBBA

UNITED HOME SERVICES, INC	, '1	
Principal Place of Business	Mailing Address	_

12329	N.W.	35TH	\$T	
CORA	l spf	HNGS	FL	33065

DOCUMENT #

Corporation Name

12329 N.W. 35TH ST CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1988 04/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0086368 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITE, ROBERT A. 82 Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DR SUITE 600 83 CORAL SPRINGS FL 33071 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am affirm with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change Add/tion NAME MAHLER, ROBERT S. 12 NAME 12329 N.W. 35TH ST STREET ADORESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE VSD DELETE 2 1 TITLE Addition HOFFER, ALLEN R. NAME 2.2 NAME STREET ADDRESS 12329 N.W. 35TH ST 23 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-7(P 34 CITY-S1-ZIP TITLE DELETE 4. 1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CHTY - ST - 2IP TITLE ☐ DELETE 6 1 TITLE Change ☐ Addition NAM 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if niade 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 12 or Block 13 if changed, or on an attachment with an address.

64 DITY-ST-7IP

SIGNATURE: <

CITY-ST-ZIP

aucund SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR