

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90110 013 ***150.00

DOCUMENT # P00000044716

1. Entity Name

COVENTRY HOME SERVICES, INC.

Principal Place of Business

**118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**118 WEST ORANGE STREET
 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

1141 W LAKE BRANTLY

Suite, Apt. #, etc.

3. Mailing Address

1141 W. LAKE BRANTLY RD

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

Zip

32714

Country

4. FEI Number

59-3640469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **QUIROGA ALICIA**

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

1141 W LAKE BRANTLY RD.

City **ALTAMONTE SPRINGS FL**

Zip Code **32714**

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

Alicia Quiroga **VICE PRESIDENT** 1/22/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	QUIROGA, EFRAIN	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	QUIROGA, ALICIA	
STREET ADDRESS	118 WEST ORANGE STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	QUIROGA EFRAIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1141 W LAKE BRANTLY RD	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714	
CITY-ST-ZIP		
TITLE	QUIROGA ALICIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1141 W. LAKE BRANTLY RD	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE:

Alicia Quiroga **Alicia Quiroga**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01 407-774-0755

CR2E034 (10/00)

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