2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000050263

1. Entity Name

STEVE'S HO	ME REPAIR SERVIO		-				
Principal Place of I 413 GULF ROAD NORTH PALM BEAG		Mailing Addres 413 GULF ROA NORTH PALM		1			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF		
City & State		City & State			4. FEI Number 65-1015603		
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired		
6.	. Name and Address of Co		7. Name and Address of New Reg				
•			-	Name			

FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90168 045 ***150.00

NORTH PALM BEACH FL 33408		NOF	NORTH PALM BEACH FL 33408									
2. Principal Place of Business		3. M	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4	4. FEI Number 65-1015603			Applied For Not Applicable		
Zip	Cou			Count	ntry 5. Certificate of Status Desired			esired	\$9.75 Additional			
	6. Name and A	ddress of Current Register	red Agent			7.	Name and Address of	New Register	red Agent			
MATOLYA	AK, STEPHEN				Name			-				
413 GULF	•				Street Address (P.O. Box Number is Not Acceptable)							
-	ALM BEACH FL 3	3408										
		ļ	City			_	FL Zip Code					
B. The above the obligat	e named entity submittions of registered ag	its this statement for the pur gent.	pose of changing its re	egistere	d office o	r registered a	agent, or both, in the Stat	e of Florida. 1	am familiar w	rith, and accept		
SIGNATURE .	Signature, typed or printed	name of registered agent and title if ap	pplicable. (NOTE:	Registered	Agent signat	ure required when	reinstating)	DA*	TC .			
		**					Trombourney,					
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 Campa · Trust Fund Con			5.00 May Be ided to Fees		
10.		OFFICERS AND DIRECTO	ORS	11.		Ā	DDITIONS/CHANGES T	O OFFICERS /	AND DIRECT	ORS IN 11		
TITÊE	D		☐ Delete	TITLE				, ,	☐ Chang			
NAME STREET ADDRESS	MATOLYAK, STE 413 GULF ROAD			NAME								
NEW TO BE THE STATE OF THE STAT					T ADDRESS ST-ZIP							
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NAME Street address	`			NAME						•		
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TREET ADDRESS					ADDRESS							
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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:

Date

Daytime Phone #