

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90100 005 ***150.00

DOCUMENT # P0000052145			
1. Entity Name FLORIDA HOME MAINTENANCE, INC.			
Principal Place of Business 8308 43RD AVENUE DRIVE W BRADENTON FL 34209-6418		Mailing Address 8308 43RD AVENUE DRIVE W BRADENTON FL 34209-6418	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2247855		Applied For	
		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MYERS, ROBERT		Name	
8308 43RD AVENUE DRIVE W		Street Address (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34209-6418		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)

Signature, typed or printed name of registered agent and title if applicable. 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	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, ROBERT	NAME	
STREET ADDRESS	8308 43 AVENUE W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209-6418	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, BARBARA	NAME	
STREET ADDRESS	8308 43RD AVENUE DRIVE W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209-6418	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL T. MYERS	NAME	
STREET ADDRESS	2501 32ND AVE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN SALEWSKY	NAME	
STREET ADDRESS	3307 17TH AV WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ROBERT T. MYERS **3-25-03 941-761-7388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)