

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056364

1. Entity Name

IN HOUSE REPAIR SERVICE COMPANY

Principal Place of Business

2633 LEAFY LANE
SARASOTA FL 34239

Mailing Address

2633 LEAFY LANE
SARASOTA FL 34239

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

65-1019405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FETTERMAN, JAMES C ESQ.
4521 BEE RIDGE ROAD
SUITE A
SARASOTA FL 34233

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.

SIGNATURE

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: PRESIDENT ☐ Delete
NAME: DAVID DALY
STREET ADDRESS: 2633 LEAFY LN.
CITY-ST-ZIP: SARASOTA, FL 34239

TITLE: VICE PRESIDENT ☐ Delete
NAME: DANIELLE CLAIR
STREET ADDRESS: 5375 SOUTHERLY WAY
CITY-ST-ZIP: SARASOTA, FL 34232

TITLE: TREASURER ☐ Delete
NAME: AMANDA DALY
STREET ADDRESS: 2633 LEAFY LN
CITY-ST-ZIP: SARASOTA, FL 34239

TITLE: SECRETARY ☐ Delete
NAME: NANCY LECCLAIR
STREET ADDRESS: 6375 SOUTHERLY WAY
CITY-ST-ZIP: SARASOTA, FL 34232

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01 (941) 923-2295

Date

Daytime Phone #

04-07-2001 13:01:023 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 23 AM 11:25

640228



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)