2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000059849 DOCUMENT

1. Entity Name

HOME CENTER SERVICES, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90087 043 ***150.00

					- CONTENT					
Principal Place of Business 712 FOXTAIL CT. NEW SMYRNA BEACH FL 32168			Mailing Address 712 FOXTAIL CT. NEW SMYRNA BEA	ICH FL 32168						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			i ed ioei ii oeii eeii eeii eeii seii seii eeii			
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State			Number 59-3654653	Applied For Not Applicable		
Zip	Zip Country Zip Zip - Zi			-e fa⇔ Cour	Country 5. Cer		ficate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
HALL, MAI 124 FAULI	RK R ESQ. KNER ST				Street Address (P.O. Box Number is Not Acceptable)					
NEW SMYRNA BEACH FL 32168							-44			
The above named entity submits this statement for the purpose of changing its register.					City			FL Zip Coo		
	e named entity tions of registe		ent for the purpose of chan	ging its register	red office or regis	tered agent,	or both, in the State of Florida.	I am familiar with,	and accept	
SIGNATURE	Signature, typed or	printed name of registered	agent and title if applicable.	(NOTE: Register	ed Agent signature requ	uired when reinsta	ing)	DATE		
								*** ** * *		
•		FEE IS \$150.00					9. Election Campaign Financin	9 \$5.0	0 May Be	
		Fee will be \$550 Florida Departme					Trust Fund Contribution.		d to Fees	
	k rayable to			•		ADDIT	ONO IOUNNO EO TO OFFICER	AND DIRECTOR	CINIAA	
10.	T.,	OFFICERS	AND DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICERS			
TITLE	D		☐ Dele	te TITU				☐ Change	☐ Addition	
	FILLMORE,				REET ADDRESS					
CITY-ST-ZIP	712 FOXTAI	L CT. NA BEACH FL 32	160		Y-ST-ZIP					
	MEM SWILL	NA DEAUTIFE 32						☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS			☐ Dele	te TITL NAM STR	LE ME BEET ADDRESS			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			□ Dete	le TITL NAM STR	LE ME ME MEST ADDRESS Y-ST-ZIP LE			☐ Change	☐ Addition	
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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:

3867530050