

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093265

1. Entity Name  
GENERAL HOUSE REPAIR INCORPORATED

Principal Place of Business

732 N. FLAMINGO DRIVE  
HOLLY HILL FL 32117

Mailing Address

732 N. FLAMINGO DRIVE  
HOLLY HILL FL 32117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3663748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAMORA, MOISES  
732 N. FLAMINGO DRIVE  
HOLLY HILL FL 32117

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMORA, MOISES	
STREET ADDRESS	732 N. FLAMINGO DRIVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZAMORA, GLADYS	
STREET ADDRESS	732 N. FLAMINGO DRIVE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSBORNE, SCOT	
STREET ADDRESS	POST OFFICE BOX 214674 N/A	
CITY-ST-ZIP	SOUTH DAYTONA FL 32121	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSBORNE, KATHERINE	
STREET ADDRESS	POST OFFICE BOX 214674 N/A	
CITY-ST-ZIP	SOUTH DAYTONA FL 32121	
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"/> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osborne, Scot	
STREET ADDRESS	1226 North St.	
CITY-ST-ZIP	Daytona Beach FL 32114	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osborne, Katherine	
STREET ADDRESS	1226 North St.	
CITY-ST-ZIP	Daytona Beach FL 32114	
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:

*Moises Zamora*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01 904-257 9616

Date

Daytime Phone #

FILED  
Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90037 043 \*\*\*150.00

00000000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)