

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90150 038 \*\*\*150.00

**DOCUMENT # P01000004320**

**1. Entity Name**  
**COMPLETE HOME SPECIALISTS, INC.**



**Principal Place of Business**  
2309 TUSCARORA TRAIL  
MAITLAND FL 32751

**Mailing Address**  
2309 TUSCARORA TRAIL  
MAITLAND FL 32751

**2. Principal Place of Business**

798 Sequoia Trail  
Suite, Apt. #, etc.

**3. Mailing Address**

798 Sequoia Trail  
Suite, Apt. #, etc.

**City & State**  
Maitland FL

**City & State**  
Maitland FL

**4. FEI Number** 59-3691124

**Applied For**  
Not Applicable

**Zip** 32751 **Country** Orange

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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

PRATT, PAULA E  
390 N. ORANGE AVENUE  
SUITE 1500  
ORLANDO FL 32801

**7. Name and Address of New Registered Agent**

**Name** Paula E. Pratt  
**Street Address (P.O. Box Number is Not Acceptable)** 227 South Orlando Avenue  
**Suite** B-1  
**City** Winter Park **FL** **Zip Code** 32789

**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** *Paula Pratt*  
Signature, typed or printed name of registered agent and title if applicable.

*Paula Pratt*  
(NOTE: Registered Agent signature required when reinstating)

*04-21-2003*  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** CONTI, F. DOMINICK  
**STREET ADDRESS** 2309 TUSCARORA TRAIL  
**CITY-ST-ZIP** MAITLAND FL 32751

**TITLE** D. ☒ Change ☐ Addition  
**NAME** Conti, F. Dominick  
**STREET ADDRESS** 798 Sequoia Trail  
**CITY-ST-ZIP** Maitland, FL 32751

**TITLE** ☐ Delete  
**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**

**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 lines empowered.**

**SIGNATURE:**

*F. Dominick Conti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/03*  
Date

*407-468-0705*  
Daytime Phone #

CR2E034 (10/02)