

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000007346

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: QUALITY HOME REPAIR, INC.

## Current Principal Place of Business:

P.O.BOX 606  
CHRISMAS, FL 327090606

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 606  
CHRISMAS, FL 327090606

## New Mailing Address:

FEI Number: 59-3699011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BALLETTO, VINCENT D  
3956 TOWN CENTER BLVD #165  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PROPE, JOHN F  
Address: P.O.BOX 606  
City-St-Zip: CHRISTMAS, FL 327090606

Title: TREA ( ) Delete  
Name: PROPE, JOHN F  
Address: P.O.BOX 606  
City-St-Zip: CHRISTMAS, FL 327090606

Title: DIRE ( ) Delete  
Name: PROPE, JOHN F  
Address: P.O.BOX 606  
City-St-Zip: CHRISTMAS, FL 327090606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PROPE

PRES

04/29/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date