

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90211 029 ***150.00

DOCUMENT # P01000009176



1. Entity Name
DON FENWICK HOME REPAIR, INC

Principal Place of Business
**1467 MANASOTA BEACH ROAD
ENGLEWOOD FL 34223**

Mailing Address
**1467 MANASOTA BEACH ROAD
ENGLEWOOD FL 34223**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1467 E. MANASOTA BEACH RD

Suite, Apt. #, etc.

1467 E. MANASOTA BEACH RD

City & State

City & State

4. FEI Number **65-1072640**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ANAGNOSTOU, ELAINE M
5100 CMBAY ST
N PORT FL 34287**

Name

Street Address (P.O. Box Number is Not Acceptable)

8499 S. TAMIAHI TRAIL

#276

City

SARASOTA

FL

Zip Code

34238

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 **Elaine M. Anagnostou**

1/20/03

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FENWICK, DONALD A**
CITY-ST-ZIP **1467 MANASOTA BCH RD
ENGLEWOOD FL 34223**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1467 E. MANASOTA BEACH RD

TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

941 468-0059

Daytime Phone #

CD0024 (10/02)