

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90055 024 ***150.00

DOCUMENT # P01000062314

1. Entity Name

ALL PROFESSIONAL HOME IMPROVEMENT, INC.

Principal Place of Business

P.O. BOX 9612
 PORT ST. LUCIE FL 34985

Mailing Address

P.O. BOX 9612
 PORT ST. LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-000-6964

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

OSTERMAN, JOSEPH C JR.

**2168 TRILLO ST.
 PORT ST. LUCIE FL 34952**

Name **OSTERMAN, JOSEPH C. JR**

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

34 ORO GRANDE WAY

City **PORT ST. LUCIE**

FL

Zip Code **34952**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **OSTERMAN, JOSEPH C JR.**
 STREET ADDRESS **P.O. BOX 9612**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34985**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **OSTERMAN, KAY S**
 STREET ADDRESS **P.O. BOX 9612**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34985**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

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

8/18/02

Date Daytime Phone #

CR2E034 (4/02)

Attachment # PO1000062314

ALL PROFESSIONAL HOME IMPROVEMENT

Joseph C. Osterman

PO Box 9612 Port St. Lucie, FL 34985

(772) 344-2358 / 342-6035

976524

Aug. 18, 02

RE: Uniform Business Report
PO1000062314

~~To Whom It May Concern:~~

Includes is my URB and a check for \$150.00. This is my first year for renewal and did not receive the first notice for filing my URB. Now that I know the period to which I must file I will be doing so on line. If there are any questions please contact me at the above address or phone numbers.

Thank you,


Joseph Osterman