2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000071807 **DOCUMENT #**



FILED Feb 21, 2003 8:00 am Secretary of State

| N.P. HOME SERVICES INC | | | | 02-21-2003 90249 005 ***150.00 |
|---|--|---|---------------------------------------|---|
| Principal Place of Business 4611 W PARK ROAD HOLLYWOOD FL 33021 | | Mailing Address 4611 W PARK ROAD HOLLYWOOD FL 33021 | | 60012346 |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | - Suite, Apt. #, etc | | ☐ CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | 4. FEI Number 65-1124960 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired See Required Fee Required |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Agent |
| PAGAN, NELSON 4611 W PARK ROAD | | | Name Street Address | s (P.O. Box Number is Not Acceptable) |
| HOLLYWOOD FL 33021 | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered exect. the obligations of projectored exect. | | | City | FL Zip Code |
| SIGNATURE F F After Make Check | Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department | 0 of State | TE: Registered Agent signature requi | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |
| 10. | | D DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Pagan, Nelson 4611 W Park Road Hollywood Fl 33021 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | i Taganti a | — ☐ Deletē | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change E Addition |
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| ITLE NAME STREET ADDRESS STY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

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 empower to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered.