Jan 27, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **Secretary of State** P01000103366 DOCUMENT # 01-27-2003 90216 031 \*\*\*158.75 1. Entity Name ACTIVE HOME SOLUTIONS, INC. Principal Place of Business Mailing Address 9704 NW 23 COURT 9704 NW 23 COURT PEMBROOK PINES FL 33024 PEMBROOK PINES FL 33024 2. Principal Place of Business Mailing Address 9704 NW 704 NW Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1146889 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired UŚA 3024 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent zaro **≜** AZZARO, JEFF Street Address (P.O. Box Number is Not Acceptable) <sup>6</sup>9740 NW 23 COURT PEMBROOK PINES FL 33024 broke 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition LAZZARO, JEFF NAME LAZZARO, JEFF 9704 NW 23 CT. 9704 NW 23 CT. STREET ADDRESS STREET ADDRESS Pembroke Pines, FL. 33024 PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition LAZZARO, KAREN NAME LAZZARO, KAREN NAME 9704 NW 23 CT. STREET ADDRESS 9740 NW 23RD CT STREET ADDRESS Pembroke Pines, FL. 33024 CITY-ST-ZIP CITY-ST-7IF PEMBROKE PINES FL 33024 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: # SIGNATURE AND TYPED OR PRINCE PLANE OF SIGNING OFFICER OR DIRECTOR LAZZARO 1-21-03 954-437-705

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.

Attachment

P01000103366

80014119

Please note: The only Changes I made
To this form are in reference to
The inconsistency of correct address
and Spelling of address. I have
already dealt with this matter
previously Please make all necessary
Changes 30 all addresses, on this form
are the same: 9704 NW 23 CT.
Correct address > PEMBROKE PinES, FL
a spelling: 7 PEMBROKE PinES, FL
33024