

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

DOCUMENT # P01000108642

1. Entity Name  
RICK SCHERF'S HOME REPAIR, INC.



**FILED  
Jan 16, 2003 8:00 am  
Secretary of State**

01-16-2003 90098 028 \*\*\*150.00

Principal Place of Business  
1050 COVINGTON ST.  
OVIEDO FL 32765

Mailing Address  
1050 COVINGTON ST.  
OVIEDO FL 32765

✓ CHANGE OF ADDRESS

2. Principal Place of Business  
12184 LINDEN DR

3. Mailing Address  
12184 LINDEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SPRING HILL FL

City & State  
SPRING HILL FL

Zip 34608

Zip 34608

Country USA

Country USA

4. FEI Number  
59-3755654

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SISSON, LARRY~~  
218 SOUTHERN COUNTY LN.  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name *Rick SCHERF*  
Street Address (P.O. Box Number is Not Acceptable)  
*12184 LINDEN DRIVE*  
City *SPRING HILL* FL Zip Code *34608*

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 *Rick*

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

(NOTE: Registered Agent signature required when reinstating)

*15 Jan 03*

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHERF, RICK 1050 COVINGTON ST. OVIEDO FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rick SCHERF*

RE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*15 JAN 03*

Daytime Phone #

CR2E034 (10/02)