

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

APPROVED
AND
FILED

102

DOCUMENT # P01000120114

1. Entity Name

Homeserv, Inc.

03 SEP 18 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6656 Wilson Road

Suite, Apt. #, etc.

3. Mailing Address

6656 Wilson Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0920678

Applied For

Not Applicable

Zip

33413

Country

Zip

33413

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegler Utrera PA

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

1840 Southwest 22nd St.

4th Floor

City
Miami

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

3. If above is not the name of registered agent and not applicable

(NOTE: Registered Agent's Signature Required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P**
NAME **GARY KILPATRICK**
STREET ADDRESS **6656 Wilson Road**
CITY-ST-ZIP **WEST PALM BCH., FL. 33413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200023517552
10/02/03--01075--002 **150.00

TITLE **VP**
NAME **DIANE KILPATRICK**
STREET ADDRESS **6656 Wilson Road**
CITY-ST-ZIP **WEST PALM BCH., FL. 33413**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY KILPATRICK, PRESIDENT

Date

Daytime Phone #

9/11/03

MARTIN & MARTIN TAX & ACCOUNTING, INC.

Your Full Service Accounting Firm

IRS-PTIN# P00040215

Steffani T. Martin,
Managing Principal, Member N.S.A.

Accounting - Tax Planning & Preparation - Business & Personal - Incorporations - Computer Support

1704 17th Lane, Lake Worth, FL 33463

Phone: (561) 966-8735 Fax: (561) 432-2115

Fl. Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

September 8, 2003

Re:

Homeserv, Inc.

6656 Wilson Road,

West Palm Beach, FL 33413

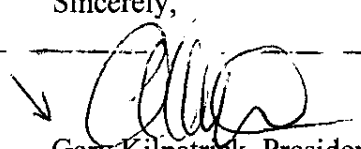
Dear Sir or Madame,


Please find the attached Uniform Business Report and a check for \$ 150.00 for the late filing of this report. As this corporation's accounting and taxes are done annually, the president has just now realized that his UBR form had not been filed as it had not been received by them in order to file it on time. At times they have experienced problems with the non-receipt of their mail and are determining that they did not receive this report at all. Therefore we have prepared this report for them.

We request that you please accept the attached check for full payment of this report and waive any late filing penalties. We thank you ahead of time for your consideration in this matter.

Should you have any questions regarding any of the above, please feel free to call Steffani T, Martin. Thank you again.

Sincerely,


Gary Kilpatrick, President
Homeserv, Inc.

 9/11/03