

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-01-2003 90255 044 ***150.00

DOCUMENT # P02000026956

1. Entity Name

FLORIDIAN HOME SOLUTIONS, INC.



Principal Place of Business
1950 1ST AVE. N #227
ST. PETERSBURG FL 33713

Mailing Address
1950 1ST AVE. N #227
ST. PETERSBURG FL 33713

55046339



2. Principal Place of Business
3041-15th St. N.

3. Mailing Address
3041-15th St. N.

☐ CHECK HERE IF MAKING CHANGES

City & State
St Petersburg, FL
Zip
33704
Country
Pinellas

City & State
St Petersburg, FL
Zip
33704
Country
Pinellas

4. FEI Number
37-1441375

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

Dwyer, Lawrence A JR
1950 1ST AVE. N #227
ST. PETERSBURG FL 33713

Name
Street Address (P.O. Box Number is Not Acceptable)
3041-15th St. N.
City St Petersburg FL Zip Code 33704

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 *Lawrence A. Dwyer Jr*

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
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	D	<input type="checkbox"/> Delete
NAME	Dwyer, Lawrence A JR	
STREET ADDRESS	1950 1ST AVE. N #227	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwyer, Lawrence A JR	
STREET ADDRESS	3041-15th St. N.	
CITY-ST-ZIP	St Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lawrence A. Dwyer Jr*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 787-538-7998
Date Daytime Phone #

CR20034 (10/02)