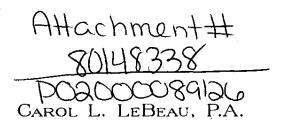
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) | | | | FILED Sep 15, 2003 8:00 am Secretary of State |
|--|---|---|---------------------------------------|--|
| | | 00089126 | | |
| 1. Entity Nam | HOME SERVICES, INC. | B - | | 09-15-2003 90157 029 ***150.00 |
| Principal Place of Business 4537 BEECHWOOD LAKE DRIVE NAPLES FL 34112 Mailing Address 4537 BEECHWOOD LAKE DRIVE NAPLES FL 34112 | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | I 18811001 IXI BOXID IXDIX DOXIN DOXIN DOXIN DOXIN XBIID XBXX DIXIN IXDIX |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES |
| City & Stat | te | City & State | | 4. FEI Number 03-0478282 Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired - \$8.75 Additional Fee Required |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Address of New Registered Agent |
| | 22ND ST. 4537 | 5. Mendelson t Home Services Confort Kompers Beechwood Lake 6, FL 34112 | Street Address | (P.O. Box Number is Not Acceptable) Zip Code |
| the obligat | e named entity submits his statement it tions of registered agent. Shakes, typed or printedname of registered agent. FILE NOW!!! FEE IS \$550.00 aptember 10, 2003 Fee will be \$75 | t and title if applicable. (NOTE: | registered office or register | ered agent, or both, in the State of Florida. I am familiar with, and accept agent, or both, in the State of Florida. I am familiar with, and accept adversariance agent, or both, in the State of Florida. I am familiar with, and accept agent agent, or both, in the State of Florida. I am familiar with, and accept agent |
| | k Payable to Florida Department | of State | | Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND | _ | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME Street address City-St-Zip | PTD MENDELSON, PHILIP S 4537 BEECHWOOD LAKE DRIV NAPLES FL 34112 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MENDELSON, JOYCE 4537 BEECHWOOD LAKE DRIV NAPLES FL 34112 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VAME STREET ADDRESS CITY-ST-ZIP | · | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| indicated | i on this report or supplemental report | is true and accurate and that m | v signature shall have the | ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if |

SIGNATURE:

SICKATER MEGLINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



September, 11, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Stay At Home Services, Inc. #03-0478282

Dear Secretary of State:

I am writing on behalf of my client, Stay At Home Services, Inc. in regard to your recent correspondence. My client never received their 2003 Uniform Business Report. My client was unaware of the need to file the Florida Annual Corporate Report, since this is the corporation's first tax year.

My client has filed the Application for Reinstatement form along with a check in the amount of \$150.00. We would sincerely appreciate your assistance in abated the penalties assessed.

We respectfully request your assistance in this matter and we look forward to hearing from you.

Sincerely,

Carol L. LeBeau