

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

**FILED
May 09, 2005 8:00 am
Secretary of State**

05-09-2005 90297 035 ***150.00

DOCUMENT # P03000030566	
1. Entity Name FLORIDA GENERAL HOME SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

50051085

2. Principal Place of Business 5050 10TH AVE. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
# D City & State LAKE WORTH, FL.	City & State
Zip 33463	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0603173	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name VALVERDE, MICHAEL

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

5050 10TH AVE. # D

City
LAKE WORTH

FL

Zip Code
33463

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**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FLORIDA GENERAL HOME SERVICES, INC. 5050 10TH AVE. # D LAKE WORTH, FL. 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #