FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2004 8:00 am
Secretary of State
06-14-2004 90002 049 ***150.00
08-04-2004 90018 031 ***400.00

DOCUMENT # P03000134535

1. Entity Name
FPC HOME REPAIR, INC

DO NOT WRITE IN THIS SPACE

24078220 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
55 EVANS DRIVE	FPC HOME REPAIR, INC
Suite/Apt. #, etc. PALM COAST	Suite/Apt. #, etc. P.O. BOX 353648
City & State PALM COAST FL	City & State PALM COAST, FL
Zip 32164 Country USA	Zip 32135-3648 Country USA

4. FEI Number 65-1212619 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JEREMY C. KNIGHT, ACCOUNTANT
Street Address (P.O. Box Number is Not Acceptable): 2825 N. OCEANSHORE BLVD
BEVERLY BEACH, FL
City: BEVERLY BEACH FL Zip Code: 32136

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: AGENT OF RECORD
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL C. CUNNINGHAM 55 EVANS DR. PALM COAST, FL 32164
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CR2E034B (12/02)

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: Michael C. Cunningham MICHAEL C. CUNNINGHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #