

# 2001 UNIFORM BUSINESS REPORT (UBR)

0116081 AT

DOCUMENT # P93000041202

1. Entity Name  
HOMEWORKS BUILDING SERVICES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 DEC 26 PM 3:58

Principal Place of Business  
18345 SW 256 ST.  
HOMESTEAD FL 33031  
US

Mailing Address  
18345 SW 256 ST.  
HOMESTEAD FL 33031  
US



2. Principal Place of Business  
17250 SW 248 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
17250 SW 248 ST.  
Suite, Apt. #, etc.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

City & State  
HOMESTEAD, FL

City & State  
HOMESTEAD, FL

4. FEI Number  
65-0429677

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

6. Name and Address of Current Registered Agent  
OVASKA, MARY  
18345 SW 256 ST.  
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
17250 SW 248 STREET  
City HOMESTEAD FL Zip Code 33031

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 *Mary L. Ovaska* DATE 12-18-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVASKA, MARY		NAME	17250 SW 248 ST.	
STREET ADDRESS	18345 SW 256 ST.		STREET ADDRESS	HOMESTEAD, FL 33031	
CITY-ST-ZIP	HOMESTEAD FL 33031		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVASKA, RONALD		NAME	17250 SW 248 ST.	
STREET ADDRESS	18345 SW 256 ST		STREET ADDRESS	HOMESTEAD, FL 33031	
CITY-ST-ZIP	HOMESTEAD FL 33031		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVASKA, PETER		NAME	17250 SW 248 ST.	
STREET ADDRESS	18345 SW 256 ST		STREET ADDRESS	HOMESTEAD, FL 33031	
CITY-ST-ZIP	HOMESTEAD FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVASKA, MICHAEL		NAME	17250 SW 248 ST	
STREET ADDRESS	18345 SW 256 ST.		STREET ADDRESS	HOMESTEAD, FL 33031	
CITY-ST-ZIP	HOMESTEAD FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVASKA, TIMOTHY		NAME	17250 SW 248 ST.	
STREET ADDRESS	18345 SW 256 ST		STREET ADDRESS	HOMESTEAD FL 33031	
CITY-ST-ZIP	HOMESTEAD FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary L. Ovaska* DATE 12-18-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)