

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90033 045 \*\*\*150.00

DOCUMENT # P93000074914

1. Entity Name

QUALITY HOME RENOVATIONS, INC.

Principal Place of Business

P.O. BOX 23427  
FT. LAUDERDALE FL 33307  
US

Mailing Address

*Change*  
117 SE 15 ST  
DEERFIELD BEACH FL 33441-6733  
*1359 SE 3rd Terr.  
Deerfield Beach FL 33441*

00001605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1359 SE 3rd Terr.*

3. Mailing Address

*P.O. Box 23427*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*FL*

City & State

City & State

*Deerfield Beach FL*

*FT. LAUDERDALE FL*

4. FEI Number 65-0455749

Applied For

Not Applicable

Zip

Country

Zip

Country

*33441*

*33307*

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

BRIGHT, J. REEVE  
777 E ATLANTIC AVE  
SUITE 200  
DELRAY BEACH FL 33483

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE PD  
NAME HAGEN, DAVID N  
STREET ADDRESS 117 SE 15TH STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HAGEN, DAVID N. *KA*  
NAME *Change*  
STREET ADDRESS 1359 S.E. 3rd Terr.  
CITY-ST-ZIP Deerfield Beach FL 33441 ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

*David N. Hagen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID N. HAGEN 954-428-0830  
1-21-2000 Date Daytime Phone \*