

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069117

1. Entity Name
HOME REMODELING SERVICE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90137 012 ***150.00

Principal Place of Business
**1454 CARMELLE DR.
FT. MYERS FL 33919**

Mailing Address
**1454 CARMELLE DR.
FT. MYERS FL 33919**

708490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12381 McGregor Palms Dr

3. Mailing Address
12381 McGregor Palms Dr.

City & State
Fort Myers, FL 33908

City & State
Fort Myers, FL 33908

4. FEI Number **65-0525775**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**SHAUDYS, HENRY
1454 CARMELLE DR.
FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **SHAUDYS, HENRY**
Street Address (P.O. Box Number is Not Acceptable)
12381 McGregor Palms Dr.
City **Fort Myers, FL** **FL** Zip Code **33908**

8. The above named entity submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPV SHAUDYS, HENRY 1454 CARMELLE DR. FT. MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAUDYS, HENRY 1454 CARMELLE DR. FT. MYERS FL 33919	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 I were 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 the information appears in Block 11 or Block 12 if changed, 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 #

CR2E034 (10/00)