FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P95000022472 1. Entity Name YOUR NEIGHBOR'S HOME MAINTENANCE SYSTEMS, INC. 04-06-2001 90042 034 \*\*\*150.00 Principal Place of Business Mailing Address 1281 SEAGRAPE CIRCLE 1281 SEAGRAPE CIRCLE FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326 523567 Principal Place of AVENUE Avenue Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0567992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent ---WATERMAN, EVERETT A 1281 SEAGRAPE CIRCLE FORT LAUDERDALE FL 33326 <sup>2</sup>33333 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE WATERMAN, EVERETT A NAME NAME STREET ADDRESS STREET ADDRESS 1281 SEAGRAPE CIRCLE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33326 Delete TITLE TITLE WATERMAN, MARY ANN NAME NAME STREET ADDRESS STREET ADDRESS 1281 SEAGRAPE CIRCLE CITY-ST-ZIP CITY - ST - ZIP FORT LAUDERDALE FL 33326 ° 🔄 Delete -TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVERENT A. WATERMAN

4-2-01 991.252

Daytime Phone #