2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024472



FILED
Mar 17, 2003 8:00 am
Secretary of State

1. Entity Na	MAN HOME REPAIR SERVICE	OF PINELLAS, IN	ıc.	03-17-2003 91100 024 ***150.00
	ice of Business REET NORTH R FL 34622	Mailing Address 11327-43 STREET NORT CLEARWATER FL 34622		
2. Principal	Place of Business	3. Mailing Address		
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	·	CHECK HERE IF MAKING CHANGES
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-3307835 Applied For Not Applicable
Zip	Country	Zip	Country	5 Gertificate of Status Desired \$8.75 Additional
	6. Name and Address of Current R	egistered &gent	<u> </u>	Fee Required
	o. Name and Address of Current A	egistered Agent	Name	7. Name and Address of New Registered Agent
DISALVA	TORE, ANGELO		110.110	
11327-43 STREET NORTH			Street Address	s (P.O. Box Number is Not Acceptable)
	ATER FL 34622			
CLEARW	A1ER FL 34622			
		-	City	FL Zip Code
8. The above the obliga	e named entity submits this statement for titions of registered agent.	the purpose of changing its	s registered office or registr	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NO)	E: Registered Agent signature require	ed when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.				
TITLE	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	DISALVATORE, ANGELO J	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	11327-43 STREET NORTH		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762	•	CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FABRIZI, RICHARD J		NAME	
STREET ADDRESS	11327 - 43RD STREET N.		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP	
TITLE	VP TO THE TOTAL TOTAL TO THE TH	□ Delete	TITLE	☐ Change ☐ Addition
NAME	MARCIANO, FRANK		NAME	•
STREET ADDRESS CITY-ST-ZIP	11327-43RD STREET NORTH		STREET ADDRESS	
	CLEARWATER FL 33762		CITY-ST-ZIP	<u> </u>
TITLE NAME	S Allbritten, James K	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	11327 43RD ST N		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME CAREET AROPEON	
CITY-ST-ZIP			STREET ADDRESS	

12. I hereby certify that the information supplied with this filling 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 redever or trustee empowered to recurrently 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 redever or trustee empowered to recurrently 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 redever or trustee empowered to recurrently 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 redever or trustee empowered to recurrently 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 redever of the corporation of the cor of the corporation or the rec changed, or on an attachm

SIGNATURE: