

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071680

1. Entity Name

STAN'S HOME SERVICES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90255 043 ***150.00

Principal Place of Business

507 SHORE DRIVE EAST
OLDSMAR FL 34677

Mailing Address

507 SHORE DRIVE EAST
OLDSMAR FL 34677-4301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

507 SHORE DR. E.

City & State
OLDSMAR FL.

Zip

34677

Country

FLORIDA

Suite, Apt. #, etc.

THE SAME

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3352358

Applied For

Not Applicable

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

KOTUSINSKI, STANISLAW
507 SHORE DRIVE, EAST
OLDSMAR FL 34677

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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KOTUSINSKI, STEFANIA M
507 SHORE DRIVE, EAST
OLDSMAR FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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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:

Stanislaw Kotusinski STANISLAW KOTUSINSKI 02-14-00

Date

Daytime Phone #

813-854-1068

CR2E034 (9/99)