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

## DOCUMENT # P95000071680

STAN'S HOME SERVICES, INC.

## FILED Apr 03, 2001 8:00 am Secretary of State 04-03-2001 90030 047 \*\*\*150.00

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Zip Country Zip Country S. Continue and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)    Name	Suite, Apt.	#, etc.		Suite, Apt. #, etc,					DO NOT \	VRITE IN THIS	SPACE	
Signature  6. Name and Address of Current Registered Agent  KOTUSINSKI, STANISLAW SOT SHORE DRIVE, EAST OLDSMAR FL 34677  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered signar, or both, in the State of Florida.  SIGNATURE  Signature  By The Corporate for the purpose of changing its registered diffice or registered signar, or both, in the State of Florida.  SIGNATURE  Signature for the purpose of changing its registered diffice or registered signar, or both, in the State of Florida.  SIGNATURE  SI	City & Stat	te		City & State				4. FE! Nu	mber <b>59-335</b> 2	358		<del>'</del>
S. Name and Address of Current Registered Agent  KOTUSINSKI, STANISLAW SOY SHORE DRIVE, EAST  OLDSMAR FL 34677  City FL Zip Code  City FL	•	Co	puntry	Zip	try				ed 🔲	<b>\$8.75</b> Ad	ditional	
KOTUSINSKI, STANISLAW SOF SHORE DRIVE, EAST OLDSMAR FL 34677  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City		6. Name and	Address of Current R	Registered Agent								
Store Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	Na Na								210 74 21000 01 110	Trogiotores !	-igeni	
S. 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, speed or provide name of registered speed and first of agents growth and first of agents growth and left of agents growth and state of speed agent, or both, in the State of Florida.  SIGNATURE  9. This connotation is eligible to satisfy its intrangible Tax killing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E MAKE  STREET ADDRESS  CRIT-S1-2P  OLDSMAR FL  Obeles  TITLE  Obeles  TITLE  ODELES  TITLE  OD	507 SHORE DRIVE, EAST					Street Address (P.O. Box Number is Not Acceptable)						
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.    Signa Ture   Suprature, speed or printed name of registered agent and seed agent and seed a collectable.   PMOTE Registered Agent signature required agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent and size of speed agent and seed its of a collectable.   PMOTE Registered Agent signature required agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Suprature, speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Signa State or speed or printed name of registered agent, or both, in the State of Florida.    Signa Ture   Signa State or speed or printed name of registered agent, or both, in the State of Florida.   Signa Ture   Signa State or speed or printed agent a	OLDSMAR FL 34677											
SIGNATURE    Syntaxis, syced or printed name of registered agent and size if applicable.   (NOTE Registered Agent Expellation)   (NOTE Registered Expellation)   (NOTE R										FL	Zip Coc	le
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   RILE NOW!!! FEE IS \$150.0	8. The above	named entity subr	mits this statement for t	he purpose of changing its	registere	ed office or	registered	d agent, or	both, in the State of	f Florida.		
Tax filing requirement and elects to do so. (See criteria on back)    Atter MAY 1, 2001   Fee will be \$550.00     Make Check Payable to Department of State	SIGNATURE .	Signature, typed or printe	ed name of registered agent and	d little if applicable. (NOTI	E: Registered	I Agent signati	ure required wh	hen reinstating	<del></del>	DATE		
Tax filing requirement and elects to do so.  (See criteria on back)    Atter MAY 1, 2001   Fee will be \$550.00     Make Check Payable to Department of State	<del></del>	<del> </del>						<del>- 1</del>				
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13. Thereby 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 approximate and the supplemental report is true and accurate and that my signature shall have the approximate and the supplemental report in the supplemental report is true and accurate and that my signature shall have the approximation and the supplemental report in the supplemental report is true and accurate and the supplemental report is true and the supplemental						1						

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.

KOTUSINSKI

03/28/2001 (813)855-1068

Daytime Phone #