

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-11-2001 90027 025 ***150.00

DOCUMENT # P95000090737

1. Entity Name

P AND S HOME MAINTENANCE AND REPAIR, INC.

Principal Place of Business

664 AZALEA LN
 SUITE B
 VERO BEACH FL 32963

Mailing Address

664 AZALEA LN
 SUITE B
 VERO BEACH FL 32963

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0631008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAMES P. COVEY, P.A.
664 AZALEA LN
SUITE B
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent's signature required when re-instating)

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	D	☐ Delete
NAME	KLEIN, PAUL A	
STREET ADDRESS	712 SE SWEETBAY AVE	
CITY-STATE-ZIP	PT ST LUCIE FL 34983	
TITLE	S	☐ Delete
NAME	KLEIN, SANDRA J.	
STREET ADDRESS	712 S.E. SWEETBAY AVE.	
CITY-STATE-ZIP	PT. ST. LUCIE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice president	☐ Change ☒ Addition
NAME	Kari Albertson	
STREET ADDRESS	4400 NW 12th Terrace	
CITY-STATE-ZIP	Ft. Lauderdale, FL 33309	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

561-871-2601

Daytime Phone #

CR2E034 (10/00)