

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91893 022 ***150.00

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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

712 SE Sweetbay Ave

3. Mailing Address

712 SE Sweetbay Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie FL

Zip

34983

Country

US

Zip

34983

Country

US

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.
662 AZALEA LANE
SUITE B
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name: PAUL A. KLEIN
Street Address (P.O. Box Number is Not Acceptable): 712 SE Sweetbay Avenue
City: Port St. Lucie FL Zip Code: 34983

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul A. Klein

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D, P ☐ Delete
NAME: KLEIN, PAUL A
STREET ADDRESS: 712 SE SWEETBAY AVE
CITY-ST-ZIP: PT ST LUCIE FL 34983

TITLE: S, T ☐ Delete
NAME: KLEIN, SANDRA J.
STREET ADDRESS: 712 S.E. SWEETBAY AVE.
CITY-ST-ZIP: PT. ST. LUCIE FL

TITLE: VP ☒ Delete
NAME: ALBERTSON, KARI
STREET ADDRESS: 4400 NW 12TH TERRACE
CITY-ST-ZIP: FORT LAUDERDALE FL 33309

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-03

772-871-2601

CR2E034 (10/02)