

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90031 025 ***150.00

DOCUMENT # P96000040611

1. Entity Name
J & P HOME SERVICES, INC.

Principal Place of Business
**9345 LAUREL GREEN DR.
 BOYNTON BEACH FL 33437**

Mailing Address
**9345 LAUREL GREEN DR.
 BOYNTON BEACH FL 33437**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0668324**

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

**O'CONNOR STRANO, PAMELA
 9828 WATERMILL CIRCLE, APT. E
 BOYNTON BEACH FL 33437**

Name **JEROME STRANO**
 Street Address (P.O. Box Number is Not Acceptable)
9345 LAUREL GREEN DRIVE
 City **BOYNTON BEACH** FL Zip Code **33437**

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 **JEROME STRANO / PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/18/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **O'CONNOR STRANO, PAMELA**
 STREET ADDRESS **9345 LAUREL GREEN DR.**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **P** ☐ Change ☒ Addition
 NAME **JEROME STRANO**
 STREET ADDRESS **9345 LAUREL GREEN DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

4/18/02 561 364 1874

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CR2E034 (9/01)