

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000010461**

1. Entity Name  
**HOMESPEC SERVICES, INC.**



Principal Place of Business  
83 WEST PLAZA GRANADA  
ISLAMORADA FL 33036

Mailing Address  
83 WEST PLAZA GRANADA  
ISLAMORADA FL 33036

2. Principal Place of Business

3. Mailing Address  
*P.O. Box 292*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*ISLAMORADA, FL*

Zip

Zip  
*33036*

Country  
*HONROE*

4. FEI Number **65-0729663**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PAUROWSKI, HENRY  
83 WEST PLAZA GRANADA  
ISLAMORADA FL 33036**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D PAUROWSKI, HENRY  
83 WEST PLAZA GRANADA  
ISLAMORADA FL 33036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
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STREET ADDRESS  
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TITLE  
NAME  
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CITY-ST-ZIP

Change  Addition

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:

*Signature Required by Paurowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/03 (305)664-7176*

Daytime Phone #

CR2E034 (10/02)

0176590  
AV