

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90133 040 \*\*\*150.00

**DOCUMENT # P97000013999**

**1. Entity Name**  
**JEREMIAH HOME SERVICES CORPORATION**



**Principal Place of Business**  
6503 N. MILITARY TRAIL #150 B  
BOCA RATON FL 33456  
US

**Mailing Address**  
6503 N. MILITARY TRAIL #150 B  
BOCA RATON FL 33456  
US

**2. Principal Place of Business**  
850 SW 4 ST  
Suite, Apt. #, etc.

**3. Mailing Address**  
4245 SW 11 street  
Suite, Apt. #, etc.

**City & State**  
Boca Raton / FL

**City & State**  
Deerfield Beach

**4. FEI Number** 65-0734050

**Applied For**  
☐ Not Applicable

**Zip** 33486

**Country** U.S.A.

**Zip** 33442

**Country** U.S.A.

**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**

**MORTON, DUNCAN R**  
850 SW 4 ST  
BOCA RATON FL 33486

**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]*  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PS ☐ Delete  
**NAME** MORTON, DUNCAN R  
**STREET ADDRESS** 850 SW 4TH STREET  
**CITY-ST-ZIP** BOCA RATON FL 33486

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

**TITLE** V ☐ Delete  
**NAME** PECCIA, PAUL  
**STREET ADDRESS** 6623 N W 70TH AVE  
**CITY-ST-ZIP** TAMARIC FL 33321

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

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

**TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
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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:**

*[Signature]* **SIGNATURE REQUIRED MORTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)