

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90083 041 \*\*\*150.00

**DOCUMENT # P97000043487**

1. Entity Name  
**HOME SERVICES & MANAGEMENT, INC.**

Principal Place of Business  
**17274 SAN CARLOS BLVD.**  
**207**  
**FORT MYERS BEACH FL 33931**

Mailing Address  
**9948 LAS CASAS DR**  
**FORT MYERS BEACH FL 33919**

001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**9948 Las Casas Drive**  
 Suite, Apt. #, etc.

City & State

City & State  
**Fort Myers, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33919 Leo**

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**

**GILBERT, CHRISTIAN W**  
**17274 SAN CARLOS BLVD.**  
**#207**  
**FORT MYERS BEACH FL 33931**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GILBERT, CHRISTIAN W</b> <b>17274 SAN CARLOS BLVD., #207</b> <b>FORT MYERS BEACH FL 33931</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>GILBERT, LIANE</b> <b>17274 SAN CARLOS BLVD., #207</b> <b>FORT MYERS BEACH FL 33931</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Christian W. Gilbert **CHRISTIAN W. GILBERT 43-02** **941 454 4852**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)