2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State
08-01-2001 90195 001 ***150.00

DOCUMENT# P97000050560

1. Entity Name

D'PAULA HOME SERVICES, INC.

Principal Place of Business	Mailing Address
708 S FEDERAL HWY SUITE 03	708 S FEDERAL HWY SUITE 03
DEERFIELD BEACH FL 33441	DEERFIELD BEACH FL 33441

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
225 SE 10th Street		P.O. BOX 1211	
Suite Apt.#, etc.: D-7		Suite, Apt. #, etc.	
City & State: DEERFIELD BEACH, FL		City & State: DEERFIELD BEACH	
Zip: 33441	Country: USA	Zip: 33443	Country: USA

4. FEI Number: 65-0766418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS T. GERRITS
6350 N. ANDREWS AVENUE, STE 100
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Tax House Corporation
Street Address (P.O. Box Number is Not Acceptable): 3929 N. Federal Hwy
City: Pompano Beach FL Zip Code: 33064

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 ______ 05/01/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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	DPS	☐ Delete	TITLE	DPS	☒ Change ☐ Addition
NAME	JOSE A. DE PAULA		NAME	JOSE A. DE PAULA	
STREET ADDRESS	6350 NORTH ANDREWS AVENUE SUITE 100		STREET ADDRESS	225 SE 10th Street #D7	
CITY-ST-ZIP	FT LAUDERDALE FL 33309		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: ______ 05/01/01 (954) 553-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #