

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000050560

1. Entity Name

D'PAULA HOME SERVICES, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 045 ***150.00

653105

DO NOT WRITE IN THIS SPACE

Principal Place of Business 708 S. FEDERAL HWY Ste 03 DEERFIELD BEACH, FL 33441		Mailing Address 708 S. FEDERAL HWY Ste 03 FORT LAUDERDALE, FL 33309	
2. Principal Place of Business 3929 N FEDERAL HWY Suite Apt. #, etc. SUITE 19 City & State POMPANO BEACH Zip 33064 Country BROWARD		3. Mailing Address 3929 N FEDERAL HWY Suite Apt. #, etc. SUITE 19 City & State POMPANO BEACH Zip 33064 Country BROWARD	

6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 3929 N FEDERAL HWY POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE PAULA, JOSE A. 708 S. FEDERAL HWY #03 DEERFIELD BEACH, FL33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE PAULA, JOSE A. 3929 N FEDERAL HWY Ste 19 POMPANO BEACH, FL 33064 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  04/25/02 (954) 553-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #