

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000050560

1. Entity Name

D'PAULA HOME SERVICES, INC.

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91013 031 ***150.00

10046520

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3829 N. FEDERAL HWY
POMPANO BEACH, FL 33064

3829 N. FEDERAL HWY
POMPANO BEACH, FL 33064

2. Principal Place of Business

3929 N FEDERAL HWY

3. Mailing Address

3929 N FEDERAL HWY

Suite Apt. #, etc.

Suite. Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

Zip

33064

Country

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

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

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

03/14/2003

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, 2003 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	DPS DE PAULA, JOSE A 225 SE 10TH STREET, #D7 DEERFIELD BEACH FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE PAULA, JOSE A 4355 BANYAN TRAILS DRIVE COCONUT CREEK, FL 33073 <input checked="" 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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3. 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2003

(954) 553-6759

Date

Daytime Phone #