

# 2000 UNIFORM BUSINESS REPORT (UBR)-

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90180 050 \*\*\*150.00

DOCUMENT # P97000090148

1. Entity Name

HOME MAINTENANCE, INC.

Principal Place of Business

Mailing Address

10372 SW 212 ST., APT. 111  
 FL 33189

10372 SW 212 ST., APT. 111  
 MIAMI FL 33189-3082

2. Principal Place of Business

19990 SW 88 Place  
 Suite, Apt. #, etc.

3. Mailing Address

19990 SW 88 Place  
 Suite, Apt. #, etc.

City & State  
 Miami FL 33157

City & State  
 Miami FL

4. FEI Number 65-0788169

Applied For

Not Applicable

Zip  
 33157

Country  
 Miami-Dade

Zip  
 33157

Country  
 Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GOOLSBY, JOSEPH D  
 10372 SW 212 ST., APT. 111  
 MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)  
 19990 SW 88 Place

City  
 Miami

FL

Zip Code  
 33157

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) ☒

**FILE NOW!!! FEE IS \$150.00-**  
**After MAY 1, 2000 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  
 D  
 GOOLSBY, JOSEPH D  
 10372 SW 212 ST., APT. 111  
 MIAMI FL 33189 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 19990 SW 88 Place  
 Miami FL 33157 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: X

*Joseph D Goolsby*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3/16/00 X 305-971-7902