

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 044 ***150.00

DOCUMENT # P97000095070

1. Entity Name

CHS HOME MAINTENANCE SERVICE OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

~~100 NW 42ND WAY~~
~~DEERFIELD FL 33442~~
~~US~~

~~100 NW 42ND WAY~~
~~DEERFIELD FL 33442-9250~~
~~US~~

00020037

2. Principal Place of Business

3. Mailing Address

23281 LIBERTY BELL TERR **23281 LIBERTY BELL TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0802348

Applied For

Not Applicable

Zip

33423

Country

PBC

Zip

33423

Country

PBC

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

WEINTRAUB, PETER B
1701 W. HILLSBORO BLVD., STE. 301
DEERFIELD BEACH FL 33442

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

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*
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **HALL, KURT**
CITY-ST-ZIP **23281 LIBERTY BELL TERR**
BOCA RATON FL 33423

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **COLEMAN, GARY B**
CITY-ST-ZIP **180 NW 42ND WAY**
DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2000