

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008479

1. Entity Name

STANLEY'S HOME IMPROVEMENT & REPAIR CORP.

05-23-2000 90247 048 \*\*\*150.00

P98000008479

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:39

Principal Place of Business

1122 HORIZON VIEW DR  
SARASOTA FL 34242

Mailing Address

1122 HORIZON VIEW DR  
SARASOTA FL 34242-3847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0808319

Applied For

Not Applicable

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name STANISLAW W. PIETRASZUN

Street Address (P.O. Box Number is Not Acceptable)  
1122 HORIZON VIEW DR

City SARASOTA FL 34242

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

*Stanley Pietraszun* STANLEY PIETRASZUN 4/30/00

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD	PIETRASZUN, STANISLAW W	1122 HORIZON VIEW DR SARASOTA FL 34242				

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:

*Stanley Pietraszun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4.30.00

CR2E034 (9/99)

**Stanley's Home Improvement and Repair Corporation**  
**1122 Horizon View Drive**  
**Sarasota, FL 34242**

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October 6, 2000

Florida Department of State  
Divisions of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

Re: P98000008479

Enclosed please find signed application for renewal.

Please be informed that I did not receive this form for correction prior to your recent letter dated October 2, 2000.

I would like to ask you kindly to waive the penalty.

Thank you very much,

Sincerely,



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Stanley Pietraszun

President

Stanley's Home Improvement & Repair Corp