

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000017127**

1. Entity Name

WORRY FREE SERVICES OF BROWARD, INC.



**FILED  
Jan 15, 2003 8:00 am  
Secretary of State**

01-15-2003 90213 005 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
3001 N. STATE ROAD 7  
#B50  
HOLLYWOOD FL 33021

Mailing Address  
3001 N STATE RD 7  
APT B50  
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**65-0819438**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HETU, ROSANNE  
3001 N. STATE ROAD 7  
#B50  
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **-\$5.00 May Be  
Added to Fees**  
Trust Fund Contribution:

**10. OFFICERS AND DIRECTORS**

TITLE **P**  Delete  
NAME HETU, ROSANNE  
STREET ADDRESS 3001 N. STATE ROAD 7, #B50  
CITY-ST-ZIP HOLLYWOOD FL 33021

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **VP**  Delete  
NAME RAYMOND, GERARD  
STREET ADDRESS 3001 N. STATE ROAD 7, #B50  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CP2E034 (10/02)

*S. Rosanne Hetu*  
Signature of Signing Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/01/03 954-894-3459*  
Date  
Daytime Phone #