

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063837

1. Entity Name

D & M AFFORDABLE HOME REPAIR, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90069 023 ***150.00

Principal Place of Business

3636 NORTH L STREET
PENSACOLA FL 32505

Mailing Address

409 OAK LEAF CT
PENSACOLA FL 32514

00022828

2. Principal Place of Business

409 OAK Leaf CT

3. Mailing Address

409 OAK Leaf CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL.

City & State

Pensacola FL.

4. FEI Number 59-3524334

☒ Applied For
☐ Not Applicable

Zip

32514

Country

Escambia

Zip

32514

Country

Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required ☒

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2001 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

TITLE STD
NAME STANDISH, DALIA ☐ Delete
STREET ADDRESS 3636 NORTH L STREET
CITY-ST-ZIP PENSACOLA FL 32505

TITLE PD
NAME STANDISH, MARK S ☐ Delete
STREET ADDRESS 3636 NORTH L STREET
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark S. Standish Mark S. Standish 2-14-00 (850) 473-0296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)