

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90250 005 \*\*\*150.00

**DOCUMENT # P99000005310**

1. Entity Name  
**CLEARWATER HOME REPAIR SERVICES, INC**

Principal Place of Business

~~651 BAY ESPLANADE APT. 1~~  
~~CLEARWATER FL 33767~~

Mailing Address

~~651 BAY ESPLANADE APT. 1~~  
~~CLEARWATER FL 33767~~

2. Principal Place of Business

**2446 Balboa CT**  
 Suite, Apt. #, etc.

3. Mailing Address

**2446 Balboa CT**  
 Suite, Apt. #, etc.

City & State

**Clearwater FL**  
 Zip **33761** Country **Pineas Glas**

City & State

**Clearwater FL**  
 Zip **33761** Country **Pineas Glas**

4. FEI Number

**59-3645223**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STIEF, PATRICK J**  
~~651 BAY ESPLANADE APT. 1~~ **2446 Balboa CT**  
~~CLEARWATER FL 33767~~ **Clearwater, FL**  
**33761**

7. Name and Address of New Registered Agent

Name **Same**  
 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 **Patrick J Stief**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-25-00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>Pres</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK J STIEF</b>	
STREET ADDRESS	<b>2446 Balboa CT</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33761</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Patrick J Stief**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-25-00**

Date

Daytime Phone #

**727-725-5115**

CR2E034 (5/00)

DOC # P99 000005310

20286

Patrick Stief  
2446 Balboa Ct.  
Clearwater, FL. 33761

August 28, 2000

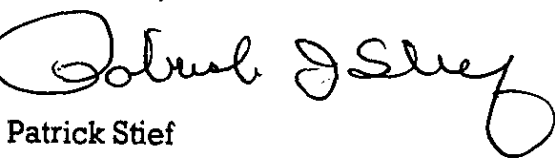
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL. 32302

To Whom It May Concern,

This letter is to update you on the filing of my uniform business report. On April 30, 2000 I had sent my yearly updated report with my payment of \$150.00 to you which you have already received and partially processed. Unfortunately on my report I failed to include my FEI number on it. I have spoken with your office in regards to this matter and they informed me to write this letter to you and include an updated report with my FEI number on it. This is the reason for this letter and new report as per your office. Please update my records with this newly completed form.

I had originally received a late notice in the mail from you which was incorrect. The original report and payment was on time and was received and the check was processed by your office. The late notice was due to failure to include this FEI number. If there are any discrepancies at all with this please contact me by phone 727-728-5115 or by mail. According to your office this letter and new report should void the late charges that were imposed upon me.

Thank You,

  
Patrick Stief

