

FOR ~~PROFIT~~ CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000023733**

1. Entity Name

ALL-PRO HOME REPAIR INC.



FILED

03 APR -8 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10732 Cypress LAKE TERR

Suite, Apt. #, etc.

3. Mailing Address

10732 Cypress LAKE TERR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FLA.

City & State

BOCA RATON FIA

Zip
33498

Country
USA

Zip
33498

Country
USA

4. FEI Number

650904609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEFFREY E. SCIARRA

Street Address (P.O. Box Number is Not Acceptable)

10732 Cypress LAKE TERR

City

BOCA RATON

FL

Zip Code

33498

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JEFFREY E. SCIARRA
10732 Cypress LAKE TERR
BOCA RATON FIA 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000015743670
04/11/03--01013--007 **300.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JE SCIARRA P/JEFFREY E. SCIARRA 4/3/03 5614450401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

April 3, 2003

Dear Sirs,

I did not receive the annual report form for 2002. Would you please waive all late fee's and file the report included with this letter. enclosed please find my check for three hundred dollars.

thank you,

Jeff Sciarra/ All-Pro Home Repair Inc.

A handwritten signature in cursive script, appearing to read "J Sciarra". The signature is written in dark ink on a white background.