

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029452

1. Entity Name

ADVANTAGE HOME SERVICES, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90041 036 ***550.00

Principal Place of Business

2901 CLINT MOORE RD., STE 203
 BOCA RATON FL 33496

Mailing Address

4470 N.W. 102 CT.
 MIAMI FL 33178-2273

2. Principal Place of Business

2371 Evergreen CT

3. Mailing Address

- Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Zip

33024

Country

USA

Country

4. FEI Number

65-0910554 242210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRELL, RANDOLPH G
 4470 N.W. 102 CT.
 MIAMI FL 33178

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

RS Harrell

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, RANDOLPH G	
STREET ADDRESS	4470 N.W. 102 CT.	
CITY-ST-ZIP	MIAMI FL 33178	
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		
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CITY-ST-ZIP		
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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:

RS Harrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/2000

954-435-7890

CR2E034 (9/99)