2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000039661 DOCUMENT

1. Entity Name

HOME OWNERS SERVICES OF TAMPA, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90221 002 ***150.00

Signature File Now!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS DITILE NAME DPST TRANGIONE, 1048 TILE NAME DPST TRANGIONE, 1048 TILE NAME STREET ADDRESS CITY-ST-2P TILE DPST TAMPA FL 33609 Country Signature, Special or proceduration of State DPST TRANGIONE, 1048 STREET ADDRESS CITY-ST-2P TILE DPST DPST DPST DPST DPST DPST DPST DPST Delete TILE NAME STREET ADDRESS CITY-ST-2P DPST DRIEG DATE TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P DPST DRIEG DATE TILE NAME STREET ADDRESS CITY-ST-2P DPST DATE Change Add Add TILE NAME STREET ADDRESS CITY-ST-2P DPST DRIEG DATE Change Add Add TILE NAME STREET ADDRESS CITY-ST-2P DPST DRIEG DATE Change Add Add TILE NAME STREET ADDRESS CITY-ST-2P DPST DATE Change Add Change Add Add TILE NAME STREET ADDRESS CITY-ST-2P DPST DATE Change Change Add TILE NAME STREET ADDRESS CITY-ST-2P DRIEG DATE Change Change Add TAMPA FL 33609 TILE NAME STREET ADDRESS CITY-ST-2P DRIEG Change Change Change Change Add Change Change Change Change Change Change Change Add Change C						WE VE								
Suite, Apt. #, etc. City & State	111 SOUTH A	ARMENIA AVENUE SUITE 101	111 S	OUTH ARMENIA AVE	enue sui	ITE 101								
City & State Country Coun	2. Principal F	Place of Business	3. Mai	3. Mailing Address				ļi						
Zip Country Zip Country 5. Certificate of Status Desired 5. S. 25. Additional Fee Required Agent 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Required Fee Required Agent 11 SOUTH ARMENIA AVENUE SUITE 101 TAMPA FL 33609 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 Fiorida. I am familiar with, and accepte the obligations of registered agent. SIGNATURE FILE NOW!! FE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TO OPER ONP Location of Status Desired Agent signature required when reliability. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TO OPER ONP Location of Tampa (Tampa) The Desire Officers STATE ADDRESS CITY-ST-2P TO OPER TILE NAME SIREET ADDRESS CITY-ST-2P TO OPER TO OPER ONP Location of Tampa (Tampa) To Open (Tampa) Addition of Tampa	Suite, Apt. #, etc. Suite, Apt. #, etc.								CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	City & Stat	City & State City & State					4	4. FEI Number 59-3571443				oplied For ot Applicable		
SENNATI, ALVIN A JR	Zip	Country	Coun	ntry 5. Certificate of Status			icate of Status Des	sired [
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 acceptable to ebilgations of registered agent. SIGNATURE Signature, Typed or printed name of registered agent agent and title if applicable. (NOTE: Registered Agent signature required when renatating) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE NAME STREET ADDRESS TITLE NAME ANAME NAME STREET ADDRESS TITLE NAME NA				7	'. Name	and Address of	New Registe	ered Ag	ent					
Signature, typed or primade name of registered agent and still of applicable. Signature, typed or primade name of registered agent and still of applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE NAME SIRRET ADDRESS SITRET ADDRESS TITLE NAME SIRRET ADDRESS TITLE NAME SIRRET ADDRESS TITLE NAME SIRRET ADDRESS TAMPA FL 33609 TITLE NAME SIRRET ADDRESS TAMPA FL 33609 TITLE NAME SIRRET ADDRESS SIRRET ADDRESS TAMPA FL 33609 TO Change Addi STREET ADDRESS TAMPA FL 33609 TO Change Addi STREET ADDRESS TAMPA FL 33609 TITLE NAME SIRRET ADDRESS SIRRET ADDRESS TAMPA FL 33609 TO Change Addi STREET ADDRESS TAMPA FL 33609 TO Change Addi STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TAMPA FL 33609 TO Change Addi NAME STREET ADDRESS TO Change Addi C						Name	-							
TAMPA FL 33609 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent sugnature required when reinstating) DATE	·					Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertifications of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) Part			Ui										•	
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TITLE 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.	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY	ET ADDRESS -ST-ZIP							☐ Addition	

in the interest of the interes of the corporation or the reci changed, or on an attachme

SIGNATURE: