

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

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-03-2004 90009 010 ***150.00

DOCUMENT # P99000051362

1. Entity Name

COMPLETE HOME SERVICES & NORTH CENTRAL FL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10051 NW 215th Lane Road

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Micanopy, Florida

City & State

32667

MARION

City & State

Micanopy FLA

Zip

Country

4. FEI Number

59-3588448

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name BLAINE WHITT

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

10051 NW 215th Lane Rd.

City

Micanopy

FL

Zip Code

32667

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

Blaine Whitt

BLAINE WHITT OWNER

7-31-04

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$160.00
After May 1 Fee is \$580.00
(Amended UBR is \$81.25)
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	OWNER SOLE PROPRIETOR
NAME	BLAINE WHITT
STREET ADDRESS	10051 NW 215th Lane Road
CITY-ST-ZIP	Micanopy, FL 32667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Blaine Whitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLAINE WHITT 7/31/04

Date

352-817-5887

Daytime Phone #

CR2E034B (12/02)

7-31-04

66432309

Attachment

P99000051362

To Whom It May Concern,

We are enclosing the UBR and \$150⁰⁰ fee in hopes that the information you need is on it.

Due to changes in location & staff we had not received any forms or information prior to a postcard titled: "Notice of Intent to Dissolve"

Upon receipt of the postcard my wife called Tallahassee to get your office to assist. She requested the necessary forms via your automated system. Upon receipt of the forms came more confusion on how to fill them out as well as the fee involved.

We spoke to an agent who advised us on filling the form, still there was some uncertainty re: #7 & #8.

So, to sum this up, I am the sole owner, not dissolving, and never received a form to assure the company remains activated. I hope this letter, fee and application will put things straight. Please contact me if there is a problem.
Sincerely, Blaine Whitt

BLAINE WHITT #P99000051362