

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90067 023 \*\*\*150.00

0128167 AT

**DOCUMENT # P99000051362**

1. Entity Name

**COMPLETE HOME SERVICES OF NORTH CENTRAL FLORIDA, INC.**



Principal Place of Business

**10051 N.W. 215 LANE RD.  
MICANOPY FL 32667**

Mailing Address

**10051 N.W. 215 LANE RD.  
MICANOPY FL 32667**

2. Principal Place of Business

**10051 NW 215 Ln Rd**

Suite, Apt. #, etc.

**N**

City & State

**Micanopy FL 32667**

Zip

**32667**

Country

**USA**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

**32667**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3588448**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHITT, BLAINE**

**10051 N.W. 215 LANE RD.**

**MICANOPY FL 32667**

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. 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **P** ☐ Delete  
NAME **WHITT, BLAINE**  
STREET ADDRESS **10051 NW 215TH LANE ROAD**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **ST** ☐ Delete  
NAME **WHITT, CONNIE**  
STREET ADDRESS **10051 N.W. 215 LANE RD.**  
CITY-ST-ZIP **MICANOPY FL 32667**

TITLE **C** ☐ Delete  
NAME **BLACKBURN, TAMMY**  
STREET ADDRESS **14751-NW 21ST CT**  
CITY-ST-ZIP **CITRA FL 32113**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-28-03 352-466-4398**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
80134327  
P99000051362

**COMPLETE HOME SERVICES OF NORTH CENTRAL FLORIDA, INC.**

10051 NW 215<sup>th</sup> Ln. Rd.  
Micanopy, Florida 32667

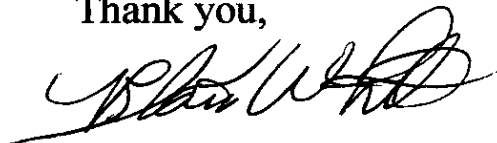
Phone: (352) 466-3002 FAX: (352) 466-0984 E-mail: [bwhitt@cfaih.com](mailto:bwhitt@cfaih.com)  
Cell: (352) 867-5887

July 27, 2003

To Whom It May Concern,

We did not receive the first notice of the Uniform Business Report so we are requesting that the late fee be waived.

Thank you,



Blaine Whitt  
Owner