

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065824

1. Entity Name

SLS HOME SERVICES INC

Principal Place of Business

5380 SW 34TH AVE
FT LAUDERDALE FL 33312

Mailing Address

5380 SW 34TH AVE
FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number

65-0939397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHER, SANDRA
5380 SW 34TH AVE
FT LAUDERDALE FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

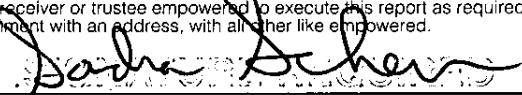
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE P Delete
NAME SCHEAR, SANDRA
STREET ADDRESS 5380 SW 34TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33312TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change 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: 

754-815-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AV
9906180