

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000069959

1. Entity Name

DRS HOME SERVICES, INC.

Principal Place of Business

Mailing Address

14955 GULF BLVD.
MADEIRA BEACH FL 33708

14955 GULF BLVD.
MADEIRA BEACH FL 33708-2013

2. Principal Place of Business

3. Mailing Address

14955 Gulf Blvd.
Suite, Apt. #, etc.

SIA
Suite, Apt. #, etc.

City & State

Madison Beach, FL

Zip
33708

Country

Pinellas

City & State

Zip

Country

4. FEI Number

650 940 407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWANSON, DEBORAH
14955 GULF BLVD.
MADEIRA BEACH FL 33708

Name: Randal P. Gunning
Street Address (P.O. Box Number is Not Acceptable)
2288 McMillen Rd

City

Largo

FL

Zip Code
33771

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

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

(Randal P. Gunning) (STDP)

4/19/00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: (STDP) Secretary, Treasurer, Director, President, Vice President
NAME: Randy Gunning
STREET ADDRESS: 2288 McMillen Rd.
CITY-ST-ZIP: Largo, FL 33771

TITLE: ☒ Delete
NAME: Debbie Swanson
STREET ADDRESS: 14955 Gulf Blvd.
CITY-ST-ZIP: Madeira Bch, FL 33708

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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

TITLE: ☐ 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:

Randal P. Gunning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

Daytime Phone #

CR2E034 (9/99)