

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

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FILED

03 SEP 29 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088968

1. Entity Name

PERSONALIZED HOME SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7441 SW 172ND STREET

3. Mailing Address
7441 SW 172ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33157

Country
USA

Zip
33157

Country
USA

4. FEI Number 65-0952686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TEMPLE, CRAIG H

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

7441 SW 172ND STREET

City MIAMI

FL

Zip Code
33157

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.

700023420497
09/30/03--01034--018 **150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
TEMPLE, CRAIG H
7441 SW 172ND STREET
MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/17/2003

Date

✓ (305) 505-473

Daytime Phone #

2082



**OCARIZ, GITLIN
& ZOMERFELD, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

September 22, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Personalized Home Services, Inc.
EIN# 65-0952686
Document #P99000088968

The above taxpayer has been administratively dissolved by your department for not filing their 2003 Uniform Business Report. The taxpayer sent in the report on April 17, 2003 with check no. 1173 for \$ 150.00 and apparently your department lost it because it never cleared their bank.


Enclosed please find a copy of the signed 2003 Uniform Business Report sent by your department to the taxpayer along with a newly reissued check for \$150.00.

Please accept the attached signed form and newly reissued check from the taxpayer.

If you have any questions please do not hesitate to contact us.

Sincerely,

OCARIZ, GITLIN & ZOMERFELD, LLP


Raymond J. Zomerfeld, C.P.A.
For the firm

RJZ/an

Encl.

999 Ponce de Leon Blvd.
Suite 1045
Coral Gables, FL 33134
Tel 305.444.8288
Fax 305.444.8280

5415 Mariner Street
Suite 215
Tampa, FL 33609
Tel 813.636.0609
Fax 813.636.9223

www.ogz-cpa.com

Members of:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants
National Association of
Certified Valuation Analysts

**PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY
RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED
ENVELOPE.**