

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90292 045 ***150.00

DOCUMENT # **P99000107415 ✓**

1. Entity Name

SIMPLE HOME SOLUTIONS

DO NOT WRITE IN THIS SPACE

656755

2. Principal Place of Business

5145 COBBLE CREEK CT

3. Mailing Address

5145 COBBLE CREEK CT

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34110

Country

Zip

34110

Country

4. FEI Number

65-0967592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HEYWARD B. STARLING

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

5145 COBBLE CREEK CT #104

City

NAPLES

FL

Zip Code

34110

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President / Director
Heyward B. Starling
5145 Cobble Creek CT #104
Naples, FL 34110**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *** [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*** 4/25/02**

Date

Daytime Phone #