

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90159 011 \*\*\*150.00

0636754 AV

**DOCUMENT # P99000107415**

1. Entity Name  
**SIMPLE HOME SOLUTIONS, INC.**



Principal Place of Business  
**5145 COBBLE CREEK COURT #104  
NAPLES FL 34110**

Mailing Address  
**5145 COBBLE CREEK COURT #104  
NAPLES FL 34110**



2. Principal Place of Business  
**10090 VALIANT CT  
Suite, Apt. #, etc.  
# 201**

3. Mailing Address  
**10090 VALIANT CT  
Suite, Apt. #, etc.  
# 201**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIROMAR LAKES FL**  
Zip  
**33913**  
Country  
**USA**

City & State  
**MIROMAR LAKES, FL**  
Zip  
**33913**  
Country  
**USA**

4. FEI Number **65-0967592**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STARLING, HEYWARD B  
5145 COBBLE CREEK COURT #104  
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name  
**STARLING, HEYWARD B**  
Street Address (P.O. Box Number is Not Acceptable)  
**10090 VALIANT CT # 201**  
**MIROMAR LAKES, FL**  
City  
**FL** Zip Code  
**33913**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STARLING, HEYWARD B 5145 COBBLE CREEK COURT #104 NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STARLING, HEYWARD B 10090 VALIANT CT # 201 MIROMAR LAKES, FL 33913</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (239)267-5957  
Date Daytime Phone #

CR2E034 (10/02)