

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108754

1. Entity Name

HOME REPAIR PROFESSIONALS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90024 024 ***150.00

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 5900 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 | 5900 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| 65-0959033 | 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 |
| KINNEY, GEORGE 5900 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>PRESIDENT</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>George Kinney</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5900 Royal Palm Beach Blvd.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Royal Palm Beach, FL 33411</td><td></td></tr></table> | TITLE | PRESIDENT | <input type="checkbox"/> Delete | NAME | George Kinney | | STREET ADDRESS | 5900 Royal Palm Beach Blvd. | | CITY-ST-ZIP | Royal Palm Beach, FL 33411 | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| NAME | George Kinney | | | | | | | | | | | | | | | | | | | | | | | | |
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 561-333-8480

CR2E034 (9/99)