


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 011 ***158.75

DOCUMENT # P01000115146

1. Entity Name
BUILDING RENOVATORS OF FLORIDA, INC.



Principal Place of Business
**225 WEST STATE ROAD 46
GENEVA FL 32732**

Mailing Address
**225 WEST STATE ROAD 46
GENEVA FL 32732**

2. Principal Place of Business
181 W. Broadway

3. Mailing Address
181 W. Broadway

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

Zip Country
32765 USA

Zip Country
32765 USA

4. FEI Number **01-0579227** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOTT, LORI
225 WEST STATE ROAD 46
GENEVA FL 32732

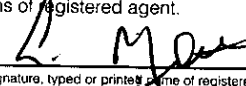
7. Name and Address of New Registered Agent

Name **Lori Mott**

Street Address (P.O. Box Number is Not Acceptable)
225 W SA 46

City **Geneva, FL 3** Zip Code **FL 32732**

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  DATE **2-26-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD MOTT, THOMAS P 225 WEST STATE ROAD 46 GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOTT, LORI 225 WEST STATE ROAD 46 GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAZER, GRANT 1355 MAIN STREET OCONTO WS 54153	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHAZER, PATRICIA 1355 MAIN STREET OCONTO WS 54153	<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	PD Shazer, Grant 1355 Main Street Oconto, WI 54153	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mott, Thomas 225 W SA 46 Geneva, FL 32732	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mott, Lori 225 W SA 46 Geneva, FL 32732	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shazer, Patricia 1355 Main St. Oconto, WI 54153	<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

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:  DATE **2-26-03** 409, 359, 9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)