

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 025 ***150.00

DOCUMENT # P98000063861

1. Entity Name

HAPPY HOUSE RE-DO CREW, INC.

Principal Place of Business

1107 KEY PLAZA
 #311
 KEY WEST FL 33040

Mailing Address

1107 KEY PLAZA
 #311
 KEY WEST FL 33040-4077

2. Principal Place of Business

3. Mailing Address

1107 Key Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.M.B. 311

City & State

City & State

Key West, FL

4. FEI Number

65-0855307

Applied F

Not App

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

33040-4077

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

CATALFOMO, ANTHONY
506 LOUISA STREET
KEY WEST FL 33040

Name

Anthony J. Cãtalfomo

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

Catalfomo & Farrelly

506 Louisa Street

City

Key West

FL

Zip Code

33040

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

Anthony J. Catalfomo

Anthony J. Cãtalfomo

03-03-00

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) ☒

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. ☐

\$5.00 may
 Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
BAKER, JOHN P
1107 KEY PLAZA, #311
KEY WEST FL 33040

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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 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 #