

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045885

1. Entity Name

R & A REMODELING, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90055 050 ***150.00

Principal Place of Business

313 POINSETTA DR.
SANFORD FL 32773

Mailing Address

313 POINSETTA DR.
SANFORD FL 32773-5817

2. Principal Place of Business

3291 S. Sanford, ave.

3. Mailing Address

313 Poinsettia Dr.

Suite, Apt. #, etc.

#96

Suite, Apt. #, etc.

City & State

Sanford, FL 32773

City & State

Sanford, FL 32773

Zip

32773

Country

USA

Zip

32773

Country

SEMINOLE

4. FEI Number

59-3577494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEMINOLE

AGUILERA, RAUL
313 POINSETTA DR.
SANFORD FL 32773

7. Name and Address of New Registered Agent

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

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AGUILERA, RAUL
STREET ADDRESS 313 POINSETTA DR.
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☐ Delete
NAME GONZALEZ, VIRGINIA
STREET ADDRESS 6200 HOLOPAW RD.
CITY-ST-ZIP ST. CLOUD FL 34773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Raul Aguilera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-2000

Date

Daytime Phone #

(407) 328 0913

CR2E034 (9/99)