

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90099 027 \*\*\*150.00

DOCUMENT # **S54160**

1. Entity Name  
**REMODELING SHOWROOM & DESIGN CENTER, INC.**

Principal Place of Business <b>22222 ALBANY AVE          PORT CHARLOTTE FL 33952</b>	Mailing Address <b>22222 ALBANY AVE          PORT CHARLOTTE FL 33952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3762-A Tamiami Trail</b> Suite, Apt. #, etc.	3. Mailing Address <b>3762-A Tamiami Trail</b> Suite, Apt. #, etc.
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City & State <b>Port Charlotte, FL</b>	City & State <b>Port Charlotte, FL</b>	4. FEI Number <b>65-0264379</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33952</b>	Country	Zip <b>33952</b>	Country

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

6. Name and Address of Current Registered Agent  
**BRODERICK, JAMES  
 22222 ALBANY AVE  
 PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRODERICK, JAMES</b>	
STREET ADDRESS	<b>22222 ALBANY AVE</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **941-625-5620**

CR2E034 (10/00)