2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J07415 **DOCUMENT #**

1. Entity Name

SUNBELT REMODELING, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90829 022 ***150.00

e of Busines: DVE PT RD FL 34210	S	Mailing Address 5012 MANGROVE PT RD BRADENTON FL 34210 US 3. Mailing Address									
lace of Busin	ess										
#, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES					
e	••••	City & State			4.	1 395/002/9/]
Country Zip		Zip) Countr		5.	5. Certificate of Status Desirer		· 🗆	S8.75 Additional		
6. Name	and Address of Current	t Registered Agent		<u> </u>	7.	Name and A	idress of New	Registered			+
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				, City				F	L Zip Co	de	
named entity ions of regist	submits this statement for ered agent.	or the purpose of changing i	its registere	ed office or regi	istered ag	gent, or both, i	n the State of f	Florida. I an	n familiar with	, and accept	
Signature, typed	or printed name of registered agent	t and title if applicable. (NO	OTE: Registere	d Agent signature rec	quired when r	reinstating)		DATE			
May 1, 200	3 Fee will be \$550.00								\$5. □ Adde	00 May Be d to Fees	1
	OFFICERS AND DIRECTORS		11.	11.		DDITIONS/CH	IANGES TO OF	FFICERS AN	ID DIRECTOR	RS IN 11	_ [
ELLIN, GEORGE 5012 MANGROVE PT. RD. BRADENTON FL 34210		☐ Delete	NAMI STRE	ET ADDRESS					☐ Change	Addition	034 (10/02
5012 MAN	grove Pt. Rd.	OVE PT. RD.		TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		☐ Change	Addition	CRO
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	ORGE ORGE GROVE PT ON FL 342 named entity ions of registe May 1, 200 Payable to PD ELLIN, GE 5012 MAN BRADENTO V ELLIN, SUS 5012 MAN BRADENTO	DVE PT RD FL 34210 lace of Business #, etc. Country 6. Name and Address of Curren ORGE IGROVE PT RD ON FL 34210 named entity submits this statement fons of registered agent. Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 Payable to Florida Department of OFFICERS AND PD ELLIN, GEORGE 5012 MANGROVE PT. RD. BRADENTON FL 34210 V ELLIN, SUSAN 5012 MANGROVE PT. RD. BRADENTON FL 34210	Soliz MANGROVE PT RD BRADENTON FL 34210 Solite, Apt. #, etc. Country Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PD CILLIN, GEORGE 5012 MANGROVE PT. RD. BRADENTON FL 34210 V ELLIN, SUSAN 5012 MANGROVE PT. RD. BRADENTON FL 34210 Delete Delete	DIE PT RD FL 34210 Soft 2 MANGROVE PT RD BRADENTON FL 34210 US Illiace of Business	Sol 2 MANGROVE PT RD BRADENTON FL 34210 US Suite, Apt. #, etc.	Section Solid Mander Solid Mander State Stat	Size of Business Solid Mandroy E PT RD BRADENTON FL 34210 US	Solid Jankshove FT RD Solid Jankshove FT RD BRADENTON FL 34210 US Solid Solid Jankshove FT RD BRADENTON FL 34210 US Solid Jankshove FT RD Solid Jankshove	Solution Fig. 3410 Solution Fig. 34210 Country Country Country Country Country Country Country To Country Solution Fig. 34210 Country Solution Fig. 34210 City Fig.	Size of Business 3. Mailing Address 4. etc. CHECK HERE IF MAKING CHANCE US 3. Mailing Address 4. etc. CHECK HERE IF MAKING CHANCE Country Zig Country S. Certificate of Stetus Desired \$8.75 A, Fee Regular Address of Current Registered Agent 7. Name and Address of New Registered Agent	NE PT RO BACENTON FL 34210 US 3. Mailing Address 4. CC. Suite, Apt. #, etc. Country 2:0 Country 2:0 Country 3:0 Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of Status Desired 6. Name and Address of Current Registered Agent Namo ON FL 34210 City FL 2:0 City FL 2:0 City FL 2:0 City FL 2:0 City FL 3:0 Code remed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Slate of Florice. I car familiar with, and accept one of registered agent. Sized Address (P.O. Box Number is Not Acceptable) ON FL 34210 City FL 2:0 City FL 2:0 City FL 3:0 City FL 3:0 Code remed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Slate of Florice. I car familiar with, and accept one of registered agent. Sized Address (P.O. Box Number is Not Acceptable) ON FL 34210 City FL 3:0 City FL 3:0 City FL 3:0 City FL 3:0 Code remed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Slate of Florice. I car familiar with, and accept one of registered agent. Sized Address (P.O. Box Number is Not Number is Not Acceptable) ON FL 34210 City FL 3:0

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: