2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

Mar 02, 2004 8:00 am DOCUMENT # P00000016075 **Secretary of State** 03-02-2004 90013 001 ***150 00 UNIVERSAL RENOVATIONS BY POITRAS, INC. Principal Place of Business Mailing Address 1TO GULESHORE DR., UNIT 228 DESTIN FL 32541 110 GULF SHORE DR., UNIT 228 Rd UNIT 105C 30 MORENO P FL 32541 DESTINO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 58-2432058 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POITRAS, EDWARD G 110 GULE SHORE DR., UNIT 228 Street Address (P.O. Box Number is Not Acceptable) DESTIN FL 32541 30 MORENO PT RD UNIT 1050 Zip Code City DESTIN, FL, 32541 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. - POITRAS TITLE P ☐ Delete TITLE POITERS EDWARD G. COLBRAS, EDWARD G. NAME NAME 30 MORENO PT Rd UNIT 105C STREET ADDRESS 1+0 GULF SHORE DRIVE UNIT 228 STREET ADDRESS DESTIN, FL 32541 DESTIN FL-32541 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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

FILED

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