

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**  
04-30-2003 90331 044 \*\*\*150.00

200304 11

DOCUMENT # P00000016401

1. Entity Name  
S & B RENOVATIONS, INC.



Principal Place of Business  
3000 S STATE ROAD 7, STE. 334  
MIRAMAR FL 33023

Mailing Address  
3600 S STATE ROAD 7, STE. 334  
MIRAMAR FL 33023

11030403



2. Principal Place of Business  
3600 S STATE ROAD

Suite, Apt. #, etc.  
7 STE 334

City & State  
MIRAMAR FL

Zip  
33023

Country

3. Mailing Address  
3600 S. STATE ROAD

Suite, Apt. #, etc.

City & State  
MIRAMAR FL

Zip  
33023

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0988899

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STENNETT, SAMUEL  
3600 S STATE ROAD 7, STE. 334  
MIRAMAR FL 33023

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME STENNETT, SAMUEL  
STREET ADDRESS 3600 S STATE ROAD 7, STE. 334  
CITY-ST-ZIP MIRAMAR FL 33023

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (954) 986-0826

Date

Daytime Phone #

CR2E034 (10/02)