## **2003 FOR PROFIT CORPORATION**

Mailing Address

## **UNIFORM BUSINESS REPORT (UBR)**

## P00000026438 DOCUMENT #

1. Entity Name

Principal Place of Business

INSTALLS ARE US OF SOUTH FLORIDA, INC.



## FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90474 028 \*\*\*150.00

7840 N.W. 61ST TERR. 7840 N.W. 61ST TERR. PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0990001 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 Name BERG. ARTHUR Street Address (P.O. Box Number is Not Acceptable) 7840 N.W. 61ST TERR. w/ 62 nc PARKLAND FL 33067 ρl 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 egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) gistered agent and title FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE ☐ Delete BERG, ARTHUR NAME NAME 7840 N.W. 61ST TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PARKLAND FL 33067 CITY-ST-ZIP TITLE Delete TITLE NAME BERG, CINDY NAME 12 n.w. 62nd STREET ADDRESS 7840 N.W. 61ST TERR. STREET ADDRESS PARKLAND FL 33067 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME ~- - - \* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 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 of 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

SIGNATURE: