

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90084 003 ***158.75

0637899 SP

DOCUMENT # P00000060578

1. Entity Name

JUAN'S REMODELING SERVICES, INC.

Principal Place of Business

Mailing Address

**106 GLOVE HOLLOW COURT
 SANFORD FL 32773**

**106 GLOVE HOLLOW COURT
 SANFORD FL 32773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

106 GLOVE HOLLOW CT

106 GLOVE HOLLOW CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANFORD, FL

SANFORD, FL

4. FEI Number

59-3639478

Applied For

Not Applicable

32773

USA

32773

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VELAZQUEZ, JUAN P
 106 GLOVE HOLLOW COURT
 SANDORD FL 32773**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/25/02
 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, 2002 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	P	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, JUAN P	
STREET ADDRESS	106 GLOVE HOLLOW COURT	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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:

Juan P Velazquez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02
 Date

407-324-4604
 Daytime Phone #

CR2E034 (9/01)