FILED

DOCUMENT # P00000075672

1. Entity Name

PROFESSIONAL INSTALLATIONS BY BILL RUDDY, INC.

Principal Place of Business

30 ARROYO PKWY.

ORMOND BEACH FL 32174

Mailing Address

30 ARROYO PKWY.

ORMOND BEACH FL 32174

2. Principal Place of Business	3. Mailing Address						
751 S, RIDGEWOOD AVE.	751 S. RIDGEWOOD AVE.						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						



2. Principal Place of Business			3. Mailing Address				ı	86 88 8	THE TH ILL FR EEL	OPINI ODNI DI			11410 1411 1111	
151 S, RIDGEWOOD AVE. Suite, Apt. #, etc.			751 S. RIDGEWOOD AVE. Suite, Apt. #, etc.			E.	DO NOT WRITE IN THIS SPACE							
ORMOND BCH. FL			City & State ORMOND BCH. FL				4. FEI Number 59-3671224					Applied For Not Applicable		
32174 USA		Zip Count			5. Certificate of Status Desir			tus Desired	red S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				- 7, -	i i		7. Name	and Addre	ess of New	Registere		,	25 ·	┪
RUDDY, WILLIAM T 30 ARROYO PKWY. ORMOND BEACH FL 32174					Name Street Ad	ILLI ddress (P.0	PW Box N RID	Tumber is N	ot Accepta	JPD AU	€ <i>N</i>	v∈		
UHMUND	BEACH FL	. 321/4			ORN	100	D	REA	<u>- ц</u>	F	L Z	in Code	โกน	-
8. The above	named entit	y submits this statement for	the purpose of changing its	reaistere	ed office or a	reaistered	agent o	r both in th	e State of	Florida	<u> </u>	<u> </u>	12 / -1	\dashv
SIGNATURE	Signaluge, typed	M	WILLIAM		RU]	DDY	,		-	L L DATE	710	<u>ン</u> 入		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on base)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			0.00	10	Election (Trust Fun	Campaign F d Contribut	-			0 May Be to Fees	
11.		OFFICERS AND D		12.			ADDITIC	NS/CHAN	GES TO O	FICERS A	ND DIRE	CTORS	SIN 11	1.
NAME STREET ADDRESS CITY-ST-ZIP	D RUDDY, V 30 ARROY ORMOND		☐ Delete		T ADDRESS	751	S.R	NT. IDGE	woo	D A	JEN	hange いろ	☐ Addition	0,00
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TITLE,			Delete	NAME STREE	T ADDRESS ST-ZIP	<u> </u>	<u></u>	——————————————————————————————————————		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	- <u>-</u> C	hange	- Addition.	1.
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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 eath; 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: ______