

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90138 007 ***150.00

DOCUMENT # P00000095706

1. Entity Name

CEILINGGUARD, INC.



Principal Place of Business

2355-D SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA FL 32119-3079

Mailing Address

PO BOX 290307
PORT ORANGE FL 32129-0307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3687096

Applied For

Not Applicable

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

LEROUX, R.M.

2355-D SOUTH RIDGEWOOD AVE.
SOUTH DAYTONA FL 32119-3079

Name

Street Address (P.O. Box Number is Not Acceptable)

507-D HERBERT ST.

City

PORT ORANGE,

FL

Zip Code

32129-3845

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

R.M. Leroux

R.M. LEROUX

1/14/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DILL, PEGGY C
2355-D SOUTH RIDGEWOOD AVE
SOUTH DAYTONA FL 32119-3079 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
507 D HERBERT ST.
PORT ORANGE, FL. 32129-3845 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LEROUX, R M
2355-D SOUTH RIDGEWOOD AVE
SOUTH DAYTONA FL 32119-3079 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
507 D HERBERT ST.
PORT ORANGE, FL 32129-3845 ☒ Change ☐ Addition

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☐ 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:

R.M. Leroux **REQUIRED** R.M. LEROUX, Secy/Treas 1/14/03 386 788-7264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)