

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 042 ***150.00

0639662 AV

DOCUMENT # P00000102655

1. Entity Name
C & R INSTALLERS INC.



Principal Place of Business
1149 N.W. 28TH AVENUE
CAPE CORAL FL 33993

Mailing Address
1149 N.W. 28TH AVENUE
CAPE CORAL FL 33993

1149 N.W. 28th Ave

2. Principal Place of Business

1149 NW 28th Ave

Suite, Apt. #, etc.

3. Mailing Address

1149 N.W. 28th Ave

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Cape Coral Florida

Zip
33993

Country
USA

City & State

Cape Coral Florida

Zip
33993

Country
USA

4. FEI Number

65-1057753

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TERRANOVA, CHRISTOPHER
1149 N.W. 28TH AVENUE
CAPE CORAL FL 33993

7. Name and Address of New Registered Agent

Name

Terranova, Christopher

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

1149 N.W. 28th Avenue

City

Cape Coral

FL

Zip Code

33993

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

Christopher Terranova

Christopher Terranova

4-26-03

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

TITLE PD ☒ **Delete**
NAME TERRENOVE, CHRISTOPHER
STREET ADDRESS 1149 N.W. 28TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33993

TITLE SD ☒ **Delete**
NAME TERRENOVE, RACHAEL
STREET ADDRESS 1149 N.W. 28TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33993

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ **Change** ☐ **Addition**
NAME Terranova, Christopher
STREET ADDRESS 1149 N.W. 28th Avenue
CITY-ST-ZIP Cape Coral FL 33993

TITLE SD ☒ **Change** ☐ **Addition**
NAME Terranova, Rachael
STREET ADDRESS 1149 N.W. 28th Avenue
CITY-ST-ZIP Cape Coral FL 33993

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Christopher Terranova 4-26-03 (239) 560-5925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)