

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102750

1. Entity Name
RE-NEW CEILINGS & MORE, INC.

Principal Place of Business
1946 PARENTAL HOME RD., STE A
JACKSONVILLE FL 32216

Mailing Address
1946 PARENTAL HOME RD., STE A
JACKSONVILLE FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3679804

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

SIMMONS, PAUL N
1946 PARENTAL HOME RD., STE A
JACKSONVILLE FL 32216

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	SIMMONS, CONNICE G	1946 PARENTAL HOME RD., STE A JACKSONVILLE FL 32216	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SIMMONS, PAUL N	1946 PARENTAL HOME RD., STE A JACKSONVILLE FL 32216	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SIMMONS, BRANNON P	1946 PARENTAL HOME RD., STE A JACKSONVILLE FL 32216	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 904-726-5566
Date Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90076 024 ***150.00



DO NOT WRITE IN THIS SPACE

0026752 AV

CR2E034 (9/01)