

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 038 ***150.00

DOCUMENT # P01000012938

1. Entity Name

COMPLETE HOME IMPROVEMENT, CORP



Principal Place of Business

475 N VOLUSIA AVE
ORANGE CITY FL 32763

Mailing Address

475 N VOLUSIA AVE
ORANGE CITY FL 32763

2. Principal Place of Business

1100 N Volusia AVE

3. Mailing Address

1100 N Volusia AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orange City, FL

City & State
Orange City, FL

4. FEI Number

59-3699222

Applied For

Not Applicable

Zip Country
32763 Volusia

Zip Country
32763 Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, FRANCY
475 N VOLUSIA AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name
MARTINEZ FRANCY
Street Address (P.O. Box Number is Not Acceptable)
1100 N VOLUSIA AVE

City Orange City, FL Zip Code 32763

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

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	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, FRANCY	
STREET ADDRESS	475 N VOLUSIA AVENUE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIVOLTI, MARIO A	
STREET ADDRESS	475 N VOLUSIA AVENUE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ FRANCY	
STREET ADDRESS	1100 N VOLUSIA AVE	
CITY - ST - ZIP	ORANGE CITY, FL 32763	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVOLTI MARIO A	
STREET ADDRESS	1100 N VOLUSIA AVE	
CITY - ST - ZIP	ORANGE CITY, FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Francy Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)