

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90004 048 ***150.00

DOCUMENT # P01000031933

1. Entity Name

TOTAL RENOVATIONS CORPORATION

Principal Place of Business

**2071 SW 70TH AVENUE, STE G8
 DAVIE FL 33317**

Mailing Address

**2071 SW 70TH AVENUE, STE G8
 DAVIE FL 33317**

2. Principal Place of Business

6861 ORANGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

6861 ORANGE DRIVE

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-1090655

Applied For

Not Applicable

Zip

33314

Country

Zip

33314

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON-OLIPHANT, DARLENE CPA
 2071 SW 70TH AVENUE, G8
 DAVIE FL 33317**

7. Name and Address of New Registered Agent

Name
NELSON-OLIPHANT, DARLENE
 Street Address (P.O. Box Number is Not Acceptable)
6861 ORANGE DRIVE

City **DAVIE, FL** Zip Code **33314**

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

Darlene Nelson-Oliphant

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **P+T**
 STREET ADDRESS **GEORGE DAVID, JR.**
 CITY-ST-ZIP **2320 CHESTNUT COURT
 PEMBROKE PINES, FL 33026**

TITLE ☐ Change ☒ Addition
 NAME **5**
 STREET ADDRESS **KEVIN FARRAH**
 CITY-ST-ZIP **5055 WILES ROAD, APT. 308
 COCONUT CREEK, FL 33073**

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

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

Date

Daytime Phone #

04/29/02 954 316-8816

CFR2E034 (9/01)