## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000036309 1. Entity Name 05-29-2002 90695 009 \*\*\*150 00 RCM REMODELING, INC. Principal Place of Business Mailing Address 7946 GRISWALD LOOP 7946 GRISWALD LOOP NEW PORT RICHEY FL 33655 **NEW PORT RICHEY FL 33655** Principal Place of Business 3. Mailing Address 7946 GRISWALD 7946 GRIS Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE NEW PORT RUITE VEW PORT City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34655 34655 u.s Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAFT, JEFFREY 11786 84TH AVE N

**CEMINOLE FL 33772** 

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE

CITY-ST-ZIP

SIGNATURE:

OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE 🔀 Change MACDONALD, RAE 7946 CHRISWALD LOOP NAME MACDONALD, REA NAME STREET ADDRESS 7946 GRISWALD LOOP STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 33655** CITY-ST-ZIP NEW PORT RICHEY, FL 34655 Delete TITLE ☐ Change ☐ Addition MACDONALD, GERALD NAME STREET ADDRESS 7946 GRISWALD LOOP STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 33655 CITY-ST-ZIP ☐ Delete TITLE 🔀 Change \_ 🔲 Addition KRAFT: JEFFREY NAME KRAFT, UEFFREY APT 206A STREET ADDRESS 11786 84TH AV N STREET ADDRESS CITY-ST-ZIP PETERSBULL. Seminole FL 33772 CITY-ST-ZIP TITLE D Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP

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

address, with all other like empowered.

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

FILE NOW!!! FEE IS \$150,007

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

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