

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90012 035 ***150.00

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AV

DOCUMENT # P01000062849

1. Entity Name
RENOVATIONS BY JIM INC.

Principal Place of Business
644 PRINCE EDWARD AVE.
CLERMONT FL 34711

Mailing Address
644 PRINCE EDWARD AVE.
CLERMONT FL 34711

2. Principal Place of Business
1815 Harcourt Dr
Suite, Apt. #, etc.

3. Mailing Address
1815 Harcourt Dr
Suite, Apt. #, etc.

City & State
Leesburg FL

City & State
Leesburg FL

4. FEI Number
59-3728560

Applied For
Not Applicable

Zip
34748

Country
Lake

Zip
34748

Country
Lake

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

JOLLEY, PAULA
963 W JUNNIATA ST.
CLERMONT FL 34711

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 **D** ☐ Delete
NAME **WILLARD, KATHY**
STREET ADDRESS **644 PRINCE EDWARD AVE.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Change ☐ Addition
NAME **Willard, Kathy**
STREET ADDRESS **1815 Harcourt Dr**
CITY-ST-ZIP **Leesburg FL 34748**

TITLE **D** ☐ Delete
NAME **WILLARD, JIM**
STREET ADDRESS **644 PRINCE EDWARD AVE.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Change ☐ Addition
NAME **Willard, Jim**
STREET ADDRESS **1815 Harcourt Dr**
CITY-ST-ZIP **Leesburg FL 34748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: **Kathleen A Willard**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02 352-394-1767
Date Daytime Phone #

CR2E034 (9/01)