

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90497 011 ***158.75

DOCUMENT # P01000115146

1. Entity Name

BUILDING RENOVATORS OF FLORIDA, INC.



Principal Place of Business

225 WEST STATE ROAD 46
GENEVA FL 32732

Mailing Address

225 WEST STATE ROAD 46
GENEVA FL 32732

2. Principal Place of Business

181 W. Broadway

Suite, Apt. #, etc.

3. Mailing Address

181 W. Broadway

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number

01-0579227

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOTT, LORI
225 WEST STATE ROAD 46
GENEVA FL 32732

7. Name and Address of New Registered Agent

Name

Lori Mott

Street Address (P.O. Box Number is Not Acceptable)

225 W. State 46

City

Geneva, FL 3

FL

Zip Code

32732

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]

(NOTE: Registered Agent signature required when reinstating)

2-26-03

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	PD	<input type="checkbox"/> Delete
NAME	MOTT, THOMAS P	
STREET ADDRESS	225 WEST STATE ROAD 46	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOTT, LORI	
STREET ADDRESS	225 WEST STATE ROAD 46	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHAZER, GRANT	
STREET ADDRESS	1355 MAIN STREET	
CITY-ST-ZIP	OCONTO WS 54153	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAZER, PATRICIA	
STREET ADDRESS	1355 MAIN STREET	
CITY-ST-ZIP	OCONTO WS 54153	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shazer, Grant	
STREET ADDRESS	1355 Main Street	
CITY-ST-ZIP	OCONTO, WZ 54153	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mott, Thomas	
STREET ADDRESS	225 W. State 46	
CITY-ST-ZIP	Geneva, FL 32732	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shazer, Grant Mott, Lori	
STREET ADDRESS	225 W. State 46	
CITY-ST-ZIP	Geneva, FL 32732	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shazer, Patricia	
STREET ADDRESS	1355 Main St.	
CITY-ST-ZIP	OCONTO, WZ 54153	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

Date

409.359.9898

Daytime Phone #

CR2E034 (10/02)