

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90050 020 \*\*\*150.00

**DOCUMENT # P02000006523**

**1. Entity Name**  
**RENOVATION SERVICES OF FLORIDA INC.**



**Principal Place of Business**  
**911 N FEDERAL HIGHWAY**  
**LAKE WORTH FL 33460**

**Mailing Address**  
**911 N FEDERAL HIGHWAY**  
**LAKE WORTH FL 33460**

**2. Principal Place of Business**  
**3500 BLUE LAKE DRIVE**

**3. Mailing Address**  
**3500 BLUE LAKE DRIVE**

Suite, Apt. #, etc.  
**APT. C-401**

Suite, Apt. #, etc.  
**APT. C-401**

City & State  
**POMPANO BEACH**

City & State  
**POMPANO BEACH**

Zip Country  
**33064 FLORIDA**

Zip Country  
**33064 FLORIDA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PERNICOVA, EVA**  
**911 N FEDERAL HIGHWAY**  
**LAKE WORTH FL 33460**

**7. Name and Address of New Registered Agent**

Name  
**ALES NEMEC**

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

**3500 BLUE LAKE DRIVE, APT. C-401**

City  
**POMPANO BEACH**

**FL**

Zip Code  
**33064**

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

**ALES NEMEC**

**03/30/03**

**954-942-0383**

(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  
**D**  
NAME  
**PERNICOVA, EVA**  
STREET ADDRESS  
**911 N FEDERAL HIGHWAY**  
CITY-ST-ZIP  
**LAKE WORTH FL 33460**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PID**  
NAME  
**PERNICOVA, EVA**  
STREET ADDRESS  
**3500 BLUE LAKE DRIVE, APT. C-401**  
CITY-ST-ZIP  
**POMPANO BEACH, FL, 33064**

☒ Change ☐ Addition

TITLE  
**VIM**  
NAME  
**ALES NEMEC**  
STREET ADDRESS  
**3500 BLUE LAKE DRIVE, APT. C-401**  
CITY-ST-ZIP  
**POMPANO BEACH, FL, 33064**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**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

**03/30/03**

**954-942-0383**

Date

Daytime Phone #

CR2E034 (10/02)