

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000029749 1. Entity Name JAA'S REMODELING, INC.		
Principal Place of Business 1056 S. HOAGLAND BLVD. KISSIMMEE, FL 34741		Mailing Address 1056 S. HOAGLAND BLVD. KISSIMMEE, FL 34741
2. Principal Place of Business 1056 S Hoagland Blvd Suite, Apt. #, etc.	3. Mailing Address 1056 S. Hoagland Blvd Suite, Apt. #, etc.	
City & State Kissimmee FL 34741		City & State Kissimmee FL 34741
Zip 34741	Country Orange	Zip 34741
4. FEI Number 01-06666156		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALBERTO, JOSE A 1056 S. HOAGLAND BLVD. KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name: <u>Alberto, Jose A</u> Street Address (P.O. Box Number is Not Acceptable): <u>1056 S. Hoagland Blvd.</u> City: <u>Kissimmee</u> FL Zip Code: <u>34741</u>
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: 		Owner DATE: <u>4-10-03</u>
FILE NOW!!! FEE IS: \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: ALBERTO, JOSE A STREET ADDRESS: 1056 S. HOAGLAND BLVD. CITY-ST-ZIP: KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE: PD NAME: Alberto, Jose A STREET ADDRESS: 1056 S Hoagland Blvd CITY-ST-ZIP: Kissimmee, FL 34741
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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 approval with all other like empowered.		
SIGNATURE: 		Owner DATE: <u>4-10-03</u> 321-443-5050

CR21E034 (10/02)