

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90074 007 ***150.00

DOCUMENT # P02000035767

1. Entity Name
EASTSIDE REMODELING, INC.



Principal Place of Business
2555 NW 11TH ST., APT. 501
FT. LAUDERDALE FL 33304

Mailing Address
2555 NW 11TH ST., APT. 501
FT. LAUDERDALE FL 33304

2. Principal Place of Business

2555 N.E. 11 ST.
Suite, Apt. #, etc.
APTO. 501

3. Mailing Address

2555 N.E. 11 ST
Suite, Apt. #, etc.
APTO. 501



☐ CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE - FL.

City & State
FORT LAUDERDALE - FL.

4. FEI Number
03-0426577

Applied For
Not Applicable

Zip
33304 Country
U.S.A.

Zip
33304 Country
U.S.A.

5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PYE, THOMAS G ESQ.
23 NW 33RD CT., STE. 5
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name
PYE, THOMAS G. ESQ.
Street Address (P.O. Box Number is Not Acceptable)
408 WEST UNIVERSITY AV. SUITE 108B
City
GAINESVILLE FL Zip Code
32601

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITA, WILTON NE 2555 NW 11TH ST., APT. 501 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VITA, LINDA NE 2555 NW 11TH ST., APT. 501 FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 address, with all other like empowered.

SIGNATURE:

WILTON VITA

02/03/2003 954-445-7537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)