FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 27 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039572

1. Entity Name
SAM'S REPAIR & REMODELING, INC.

DO NOT WRITE IN THIS SPACE

400024100624
10/27/03--01006--004 **150.00
REINSTATEMENT
DO NOT WRITE IN THIS SPACE
03

2. Principal Place of Business		3. Mailing Address	
3318 MORCHESTER LANE		3318 MORCHESTER LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NORTH PORT, FL		City & State: NORTH PORT, FL	
Zip: 34286	Country: SARASOTA	Zip: 34286	Country: SARASOTA

4. FEI Number 60-0002862 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: SAMUEL MEDINA
Street Address (P.O. Box Number is Not Acceptable)
3318 MORCHESTER LANE
City: NORTH PORT FL Zip Code 34286

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: S Medina 10-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Due on or before May 1. Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $87.25
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/P/S/T
NAME	MEDINA, SAMUEL
STREET ADDRESS	3318 MORCHESTER LANE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: S Medina SAMUEL MEDINA, PRES. 10-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SAM'S REPAIR AND REMODELING, INC
3318 Morchester Lane
North Port, Fl. 34286

Division of Corporation
P.O. Box 6478
Tallahassee, Fl. 32314

Re: 2003 For Profit Corporation UBR
Document #P 02 0000 39572

To Whom I t May Concern:

Please be advised that our office never received the form for the above report. Also, please be advised that our office did relocate from: 6125 Colonial Dr, Sarasota, Fl 34232 to: 3318 Morchester Lane, North Port, Fl. 34286.

I had spoken with a kind person from your office and was advised to type up a letter explaining the reason we never received the UBR form. The lady informed me to send a check in the amount of $150.00.

Thank you for your immediate attention to the above matter.

Sincerely,

Medina

Sam Medina
President

Cc:file