

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 003 \*\*\*150.00

0112573 AV

**DOCUMENT # P02000045107**

1. Entity Name  
**A.S.A.P. REMODELING, INC.**



Principal Place of Business  
**2533 STONEWOOD ESTATES LANE  
ORLANDO FL 32825**

Mailing Address  
**7802 KINGSPONTE PARKWAY  
205  
ORLANDO FL 32819**



2. Principal Place of Business  
**1711 Wyandotte Trl.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7802 KINGSPONTE PKWY**  
Suite, Apt. #, etc.  
**SUITE # 207-B**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Casselberry, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**01-0671385**

Applied For  
Not Applicable

Zip Country  
**32707 USA**

Zip Country  
**32819 USA**

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

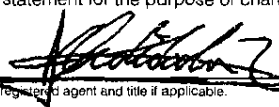
**6. Name and Address of Current Registered Agent**

**MENDES, MARIANGEL  
2533 STONEWOOD ESTATES LANE  
ORLANDO FL 32825**

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

Name  
**S.A.O. SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7802 KINGSPONTE PARKWAY**  
**SUITE #207-B**  
City **ORLANDO** FL Zip Code **32819**

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  DATE **04/30/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **P** ☒ Delete  
NAME **MENDES, MARIANGEL**  
STREET ADDRESS **2533 STONEWOOD ESTATES LANE**  
CITY-ST-ZIP **ORLANDO FL 32825**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **RICCI, MICHAEL A**  
STREET ADDRESS **2533 STONEWOOD ESTATES LANE**  
CITY-ST-ZIP **ORLANDO FL 32825**

☐ Change ☐ Addition  
TITLE **P**  
NAME **Ricci, Michael**  
STREET ADDRESS **1711 Wyandotte Trl.**  
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

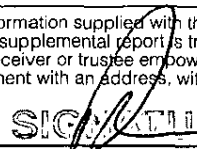
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **04/30/03** Day/Phone # **407/424-9394**

CR2E034 (10/02)