

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 22 PM 2:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000051229

1. Entity Name
CENTRAL FLORIDA RENOVATION, INC.



Principal Place of Business
3280 SOHO ST.
ORLANDO, FL 32835

Mailing Address
3280 SOHO ST.
ORLANDO, FL 32835

2. Principal Place of Business
5100 GLASGOW AVENUE

3. Mailing Address
5100 GLASGOW AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
27-0015901

Applied For
Not Applicable

Zip
32819

Country
USA

Zip
32819

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOVE, STUART C III
3280 SOHO ST.
ORLANDO, FL 32835

Name
MICHAEL E. ALDERMAN

Street Address (P.O. Box Number is Not Acceptable)
5100 GLASGOW AVENUE

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 *Michael E. Alderman*

10/17/03

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDERMAN, MICHAEL E 3280 SOHO STREET ORLANDO, FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDERMAN, MICHAEL E. 5100 GLASGOW AVENUE ORLANDO, FL. 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYBURN, MICHAEL C. 360 RIVERSIDE AVENUE MERRITT ISLAND, FL 32953	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE 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: *Michael E. Alderman*

10/17/03

407-832-3043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

7 10/27