

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90141 020 \*\*\*550.00

**DOCUMENT # P02000134832**

1. Entity Name  
**G.P. REMODELING, INC.**



Principal Place of Business  
**8508 VALENCIA VILLAGE #101  
ORLANDO FL 32825**

Mailing Address  
**8508 VALENCIA VILLAGE #101  
ORLANDO FL 32825**

**33034303**

2. Principal Place of Business  
**9422 East Colonial Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**9422 East Colonial Dr**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando Florida**  
Zip  
**32817**

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**Orlando Florida**  
Zip  
**32817**

4. FEL Number  
**55-0012928**  
☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEREZ, GUILLERMO E  
8508 VALENCIA VILLAGE #101  
ORLANDO FL 32825**

7. Name and Address of New Registered Agent  
Name **Guillermo Perez**  
Street Address (P.O. Box Number is Not Acceptable)  
**8508 Valencia Village #101**  
City **Orlando** FL Zip Code **32825**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **08/25/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003-Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS PEREZ, GUILLERMO E 8508 VALENCIA VILLAGE #101 ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, GUILLERMO E 8508 VALENCIA VILLAGE #101 ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE (REQUIRED)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **08/25/03** 321-2287007  
Daytime Phone #

CR2E034 (4/03)