

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90198 029 \*\*\*150.00

**DOCUMENT #** P030000074805

**1. Entity Name**

RODNEY'S HOME & REMODELING, INC.

**Principal Place of Business**

**Mailing Address**

RODNEY A. FOUST  
 3401 N.W. 202ND STREET  
 MIAMI GARDENS, FL 33056-1722

24068422

**2. Principal Place of Business**

RODNEY'S HOME & REMODELING,

Suite, Apt. #, etc.

3401 N.W. 202ND STREET

City & State

MIAMI GARDENS, FLORIDA

Zip

33056-1722

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

65-1065102

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

\$8.75

Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

BARBARA FOUST  
 3401 N.W. 202ND STREET  
 MIAMI, FLORIDA 33056-1722

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

Name

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

City

FL

Zip Code

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

Date

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 Fee will be \$550.00**

**Make Check Payable to Department of State**

**10. Election Campaign Financing**

\$5.00

Trust Fund Contribution.

May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**TITLE** PRESIDENT ☐ Delete  
**NAME** RODNEY A. FOUST  
**STREET ADDRESS** 3401 N.W. 202ND STREET  
**CITY - ST - ZIP** MIAMI GARDENS, FL 33056-1722

**TITLE** TREASURER ☐ Delete  
**NAME** BARBARA FOUST  
**STREET ADDRESS** 3401 N.W. 202ND STREET  
**CITY - ST - ZIP** MIAMI GARDENS, FLORIDA 33056

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

RODNEY A. FOUST  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2004

Date

786-229-1416

Daytime Phone #

CR2E034 (9/99)