

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 034 ***150.00

DOCUMENT # **PO 40000 15863**

1. Entity Name
**Remodeling Specialties
Group Inc.**



DO NOT WRITE IN THIS SPACE

14006717

2. Principal Place of Business 8619 N Southgate Shores		3. Mailing Address 8619 N Southgate Shores	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tamarac FL	City & State Tamarac FL	City & State Tamarac FL	City & State Tamarac FL
Zip 33321	Country Broward	Zip 33321	Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0535201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name John Morris	
Street Address (P.O. Box Number is Not Acceptable) 8619 N Southgate Shores	
City Tamarac	FL Zip Code 33321

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 **John Morris President** **4-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Secretary Treasurer Director. John Morris 8619 N Southgate Shores Tamarac FL 33321
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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: **John Morris**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)