

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90062 001 \*\*\*550.00

DOCUMENT # <b>PO5000057501</b>	
1. Entity Name	
A & P REMODELING INC	

**DO NOT WRITE IN THIS SPACE**

50026156

2. Principal Place of Business 960 CHURCHHILL LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ST. AUGUSTINE, FL		City & State	
Zip 32092	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number 03-0557075		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alicia Rios* ALICIA RIOS PRESIDENT  
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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALICIA RIOS 960 CHURCHHILL LANE ST. AUGUSTINE, FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PEDRO RIOS 960 CHURCHILL LANE ST. AUGUSTINE, FL 32092	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Alicia Rios* ALICIA RIOS PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904669-3634

Daytime Phone #