

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

**FILED
May 08, 2008 8:00 am
Secretary of State**

05-08-2008 90026 006 ***150.00

DOCUMENT # P 050000 57501	
1. Entity Name	
A & P REMODELING INC	

DO NOT WRITE IN THIS SPACE

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

40099895

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0557075		Applied For 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	
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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALICIA RIOS 960 CHURCHHILL LANE ST AUGUSTINE FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PEDRO RIOS 960 CHURCHILL LANE ST AUGUSTINE FL 32092
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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

1/28/2008

(904) 669-3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #