FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2008 8:00 am Secretary of State

SPRING HILL, FL 20-8196503 Not Applied Not Applied Section Secti	OCUMENT # 1. Entity Name	P07000004459)			03-17-2008 90215 026	***150.00
2. Principal Place of Business 1282 GATEWOOD AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SPRING HILL, FL Zip Country Zip Country T. Name and Address of Current Registered Agent Name SALVATORE GUTILLA Street Address (P.O. Box Number is Not Acceptable) 1282 GATEWOOD AVE. B. 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. SALVATORE GUTILLA STREET Address (P.O. Box Number is Not Acceptable) 1282 GATEWOOD AVE. City SPRING HILL FL Zip Code 34608 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 After May 1, Fee is \$550.00	UTTILLA REMODELIN	IG, INC.		dana kanada			
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7. Name and Address of Current Registered Agent Name SALVATORE GUTILLA Street Address (P.O. Box Number is Not Acceptable) 1282 GATEWOOD AVE. City SPRING HILL 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. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Amended UBR is \$61.25	'	Country	Zip	Co	ountry	5. Certificate of Status Desired	\$8.75 Additional
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10. OFFICERS AND DIRECTORS 11. TITLE PRESIDENT TITLE			ID DIRECTORS				
NAME SALVATORE GUTILLA NAME	NAME S	SALVATORE GUTILI		N/	ME	e e	
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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 furthe 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 path; 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.	I hereby certify that the certify that the informa as if made under oath;	ation indicated on this r	eport or supplemental re	eport is t	rue and accurate e receiver or trust	and that my signature shall have the sa tee empowered to execute this report as	ame legal effect s required by
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			11			7 ,	