

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013360

1. Entity Name

INSTALL IT!, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90467 014 ***150.00

Principal Place of Business

P.O. BOX 30906
PALM BEACH GARDENS FL 33410

Mailing Address

P.O. BOX 30906
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

619 N. DIXIE HIGHWAY

3. Mailing Address

619 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH, FL

Zip

33460

Country

PALM BEACH

Zip

33460

Country

PALM BEACH

4. FEI Number

65-0421234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERLICK, MARC & COMPANY
619 N DIXIE HIGHWAY
LAKE WORTH FL 33460

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GURRY, PATRICK
STREET ADDRESS 906 LAKE SHORE DR
CITY-ST-ZIP LAKE PARK FL

TITLE D ☐ Delete
NAME BONANNO, LAWRENCE J
STREET ADDRESS 818 BAYBERRY DRIVE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2425 LUDINGTON ST.
CITY-ST-ZIP ESCANABA, MI 49829

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK GURRY

26 FEB, 2001

Date

Daytime Phone #

906-786-1315

CR2E034 (10/00)