

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085040

1. Entity Name  
M & L REMODELING, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90102 029 \*\*\*158.75

Principal Place of Business  
905 SOUTH L. STREET  
LAKE WORTH FL 33460  
US

Mailing Address  
905 SOUTH L. STREET  
LAKE WORTH FL 33460  
US

**CU052371**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
905 South L. Street  
Suite, Apt. #, etc.

3. Mailing Address  
905 South L. Street  
Suite, Apt. #, etc.

City & State  
LAKE WORTH Florida  
Zip  
33460  
Country  
PALM BEACHES U.S.

4. FEI Number 65-0455342  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WARREN, LESTER  
905 SOUTH L. STREET  
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 \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	DP	WARREN, LESTER 905 SOUTH L. STREET LAKE WORTH FL 33460			
	DP	WARREN, LESTER 1144 17TH AVENUE LAKE WORTH FL 33460			
	P	WARREN, LESTER 905 SOUTH L. STREET LAKE WORTH FL 33460			

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4-23-2001  
Daytime Phone #: (561) 6034937

CR2E034 (10/00)