

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90106 001 ***317.50

DOCUMENT #
1. Entity Name
AMERICAN RESIDENTIAL REMODELING INC.
P95000031528 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8492 N.W. 15th COURT
Suite, Apt. #, etc.
City & State
CORAL SPRINGS, FL
Zip
33071 Country
USA

3. Mailing Address
8492 N.W. 15th COURT
Suite, Apt. #, etc.
City & State
CORAL SPRINGS, FL
Zip
33071 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
650582209 Applied For:
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
EDWARD W. HAAS
Street Address (P.O. Box Number is Not Acceptable)
8492 N.W. 15th COURT
City
CORAL SPRINGS, FL Zip Code
33071

6. 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.
EDWARD W. HAAS, PRESIDENT/REGISTERED AGENT
SIGNATURE **Ed Haas PRES. / AGT.** DATE **4/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWARD W. HAAS 8492 N.W. 15th COURT CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER ROBBIE HAAS 8492 N.W. 15th COURT CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ed Haas PRES. / AGT.** DATE **4-24-02** DAYTIME PHONE # **954-444-3185**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR