

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000048142**

1. Entity Name  
**PRIDE RENOVATIONS, INC.**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90197 036 \*\*\*150.00

Principal Place of Business  
**1756 NE 12TH ST**  
**FT LAUDERDALE FL 33304**  
**US**

Mailing Address  
**1756 NE 12TH ST**  
**FT LAUDERDALE FL 33304**  
**US**

2. Principal Place of Business  
**1417 NE 3RD. AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1417 NE 3RD. AVE**  
Suite, Apt. #, etc.

City & State  
**Fort Lauderdale FL**  
Zip  
**33304**  
Country  
**BROWARD**

City & State  
**Fort Lauderdale FL**  
Zip  
**33304**  
Country  
**BROWARD**

4. FEI Number **65-0587498**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DONLEY, JIMMY**  
**1756 NE 12 ST**  
**FT LAUDERDALE FL 33304**

## 7. Name and Address of New Registered Agent

Name **JIMMY DONLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1417 NE 3RD. AVE**  
City **Fort Lauderdale** **FL** Zip Code **33304**

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 **JIMMY DONLEY** *President* **1/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOT 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 **P** ☐ Delete  
NAME **DONLEY, JIMMY**  
STREET ADDRESS **1756 NW 12 ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **VP** ☐ Delete  
NAME **ALBERT, EDDIE L**  
STREET ADDRESS **2274 COMMUNITY DR**  
CITY-ST-ZIP **WALDORF MD 20601-3960**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **JIMMY DONLEY** *President* **1/24/2001** **629.9559**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)