

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90116 011 \*\*\*150.00

**DOCUMENT # P95000048142**

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



Principal Place of Business  
**1417 NE 3RD AVE  
FT LAUDERDALE FL 33304  
US**

Mailing Address  
**1417 NE 3RD AVE  
FT LAUDERDALE FL 33304  
US**

2. Principal Place of Business  
**4760 NE 18TH TERR.**

3. Mailing Address  
**4760 NE 18TH TERR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale FL**

4. FEI Number **65-0587498**

Applied For  
☐ Not Applicable

Zip  
**33308**

Country  
**US**

Zip  
**33308**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**DONLEY, JIMMY  
1417 NE 3RD AVE  
FT LAUDERDALE FL 33304**

**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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DONLEY, JIMMY</b>	
STREET ADDRESS	<b>1756 NW 12 ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALBERT, EDDIE L</b>	
STREET ADDRESS	<b>2274 COMMUNITY DR</b>	
CITY-ST-ZIP	<b>WALDORF MD 20601-3960</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, JIMMY</b>	
STREET ADDRESS	<b>4760 NE 18TH TERR.</b>	
CITY-ST-ZIP	<b>Fort Lauderdale FL 33308</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT EDDIE L.</b>	
STREET ADDRESS	<b>4800 DUKE ST. #1421</b>	
CITY-ST-ZIP	<b>ALEXANDRIA VA 22204</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/17/2003 954-629-9559**

CR2E034 (10/02)