

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 096000000294

1. Entity Name
DC Home Remodeling, Inc.

FILED

01 APR 11 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

DC Home Remodeling, Inc.
1321 N. Pine Hills Rd.
Orlando, FL 32808

2. Principal Place of Business
Same

3. Mailing Address
1321 N. Pine Hills Rd Orlando, FL 32808

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number <u>59-3355546</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <u>Diego Cruz</u> <u>5015 Clarendon Avenue</u> <u>Orlando, FL 32810</u>		7. Name and Address of New Registered Agent Name <u>Trevor MacGowan</u> Street Address (P.O. Box Number is Not Acceptable) <u>1321 N. Pine Hills Road</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32808</u>	
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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]
Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required upon reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President</u> <u>Diego Cruz</u> <u>1321 N. Pine Hills Rd</u> <u>Orlando, FL 32808</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President</u> <u>Trevor MacGowan</u> <u>1321 N. Pine Hills Road</u> <u>Orlando FL 32808</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Trevor MacGowan TREVOR D MacGowan 3/26/01 (407) 523-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)