

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044581

1. Entity Name

BETTER BUILDERS & RENOVATORS INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90264 046 ***150.00

Principal Place of Business

11377 PINE VALLEY DR
WEST PALM BEACH FL 33414

Mailing Address

11377 PINE VALLEY DR
WEST PALM BEACH FL 33414-6011

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0672099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, THELMA
11377 PINE VALLEY DR
WEST PALM BEACH FL 33414

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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 ☐ Delete
NAME PM
STREET ADDRESS PERKINS, ROOSEVELT
CITY-ST-ZIP 11377 PINE VALLEY DR
WEST PALM BEACH FL

TITLE ☐ Delete
NAME TS
STREET ADDRESS PERKINS, THELMA
CITY-ST-ZIP 11377 PINE VALLEY DR
WEST PALM BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS VANDERLOUIS, RICHARD
CITY-ST-ZIP 2650 OSWEGO AVE
WEST PALM BEACH FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS ROMERO, PAMELA
CITY-ST-ZIP 1408 WATERWAY COVE DR
WELLINGTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thelma Perkins 4-26-00 561 795-0660
Thelma Perkins