

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050773

1. Entity Name

REMODELING SERVICES INC.

Principal Place of Business

9812C 62ND TERR S  
BOYNTON BEACH FL 33437  
US

Mailing Address

9812C 62ND TERR S  
BOYNTON BEACH FL 33437  
US

2. Principal Place of Business

11062 S. MILITARY TRAIL

3. Mailing Address

11062 S. MILITARY TRAIL

Suite, Apt. #, etc.

#421

Suite, Apt. #, etc.

#421

City & State

BOYNTON BEACH, FL.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

Zip

33436

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEROSSY, IVAN

9812C 62ND TERR S. 11062 S. MILITARY TRAIL  
BOYNTON BEACH FL 33426 #421

BOYNTON BEACH, FL 33436

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME BEROSSY, IVAN  
STREET ADDRESS 9812C 62ND TERR S 11062 S. MILITARY TRAIL  
CITY-ST-ZIP BOYNTON BEACH FL #421 FL 33436

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN BEROSSY

Date

Daytime Phone #

561-732-8888

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90073 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)