

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P96000050773**

1. Entity Name  
**REMODELING SERVICES INC.**

Principal Place of Business

~~98120 62ND TERR S~~  
~~BOYNTON BEACH FL 33437~~  
~~US~~

Mailing Address

~~98120 62ND TERR S~~  
~~BOYNTON BEACH FL 33437~~  
~~US~~

2. Principal Place of Business

**11062 S. MILITARY TRAIL**  
 Suite, Apt. #, etc.  
**# 421**

3. Mailing Address

**11062 S. MILITARY TRAIL**  
 Suite, Apt. #, etc.  
**# 421**

City & State  
**BOYNTON BEACH, FL.**

City & State  
**BOYNTON BEACH, FL**

Zip  
**33436**

Country  
**USA**

Zip  
**33436**

Country  
**USA**

4. FEI Number **65-0677377**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEROSSY, IVAN**  
~~98120 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>PS</b>			
<b>BEROSSY, IVAN</b>			
<del>98120 62ND TERR S</del> <b>11062 S. MILITARY TRAIL</b>			
<del>BOYNTON BEACH FL</del> <b>#421</b>			
<b>BOYNTON BEACH, FL 33436</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ivan Berossy* **IVAN BEROSSY** Date: \_\_\_\_\_ Daytime Phone #: **561-732-8888**

CR2E034 (10/00)