2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P96000087196 1. Entity Name P & R RENOVATIONS, INC. 04-30-2001 90032 015 ***150 00 Mailing Address Principal Place of Business P.O. BOX 6521 2116 SUNNYDALE BLVD LINIT 39 CLEARWATER FL 33758 **CLEARWATER FL 33765** HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3409740 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVANS, ARTHUR C Street Address (P.O. Box Number is Not Acceptable) 1759 RAGLAND COURT **CLEARWATER FL 34625** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE LESLIE, ROBERT A II NAME NAME STREET ADDRESS STREET ADDRESS 2379 DEMARET DR CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME LESLIE, PATRICIA A NAME STREET ADDRESS STREET ADDRESS 2379 DEMARET DR CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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 of the receiver or trustee empoyered 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.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

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SIGNATURE:

NAME

NAME

TITLE NAME

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4 201 727-723-0401

☐ Addition

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