

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90062 049 ***158.75

DOCUMENT # P96000087196

1. Entity Name
P & R RENOVATIONS AND INTERIORS, INC.

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| Principal Place of Business 2379 DEMARET DRIVE DUNEDIN FL 34698 US | Mailing Address 2379 DEMARET DRIVE DUNEDIN FL 34698 US |
|--|--|



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|--|---|
| 2. Principal Place of Business 1780 MAIN ST. | 3. Mailing Address 1780 MAIN ST |
|--|---|

| | |
|--|--|
| Suite, Apt. #, etc. "GLADWEND PLAZA" STE A | Suite, Apt. #, etc. "GLADWEND PLAZA" STE A |
|--|--|

| | |
|---|---|
| City & State DUNEDIN, FLORIDA | City & State DUNEDIN, FLORIDA |
|---|---|

| | | | |
|---------------------|--------------------------|---------------------|--------------------------|
| Zip 34698 | Country U.S.A. | Zip 34698 | Country U.S.A. |
|---------------------|--------------------------|---------------------|--------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3409740 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent
**EVANS, ARTHUR C
 1759 RAGLAND COURT
 CLEARWATER FL 34625**

7. Name and Address of New Registered Agent
 Name **Robert A. Leslie II**
 Street Address (P.O. Box Number is Not Acceptable)
1780 Main St. Suite A
 City **Dunedin** FL **34698**

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 **Robert A. Leslie II** *Robert A. Leslie II* **4/17/02**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | D LESLIE, ROBERT A II 2379 DEMARET DR DUNEDIN FL 34698 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LESLIE, PATRICIA A 2379 DEMARET DR DUNEDIN FL 34698 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 another like empowered.

SIGNATURE: **ROBERT LESLIE** *Robert Leslie* **4/16/02** **723-0408**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MFR3300 AV CR2E034 (9/01)