2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an appress with all other like empowered

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P97000076957 Mar 17, 2000 8:00 am **Secretary of State** R & C RENOVATIONS, INC. 03-17-2000 90007 005 ***158.75 Principal Place of Business Mailing Address 580 LAND AVENUE -500 LAND AVENUE" LONGWOOD-FL 32750 LONGWOOD Pt 32750-298 2. Principal Place of Business 3. Mailing Address 546 Woodcrest Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3466874 Not Applicable \$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 - DAY, ROY Dis Not Acceptable) -578 LAND STREET -LONGWOOD FL-32750-Zip Code City 3275*0* OVALLSOOD ebanging its registered office or registered agent, or both, in the State of Florida. t for the purpose a 8. The above named entity sub SIGNATURE (NOTE: Registered Agent signature required when reinstating) nt and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.. Addition TITLE TITLE NAME NAME DAY: ROY-D STREET ADDRESS STREET ADDRESS 578 LAND STREET CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Change Addition ☐ Delete TITLE TITLE NAME CANALS, CARL S -NAME rate Carl STREET ADDRESS STREET ADDRESS 580 LAND AVENUE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TÍTLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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