

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080945

1. Entity Name

SUPREME REMODELING CO., INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90021 004 ***150.00

Principal Place of Business

Mailing Address

5460 N ST RD 7
 SUITE 106
 FT LAUDERDALE FL 33319
 US

5460 N ST RD 7
 SUITE 106
 FT LAUDERDALE FL 33319-2968
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0781344**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLEM, SCOTT E
 10 FAIRWAY DRIVE SUITE 219
 DEERFIELD BEACH FL 33441

Name **ERIC YANKWITT**
 Street Address (P.O. Box Number is Not Acceptable)
1086 S MILITARY TRAIL #102
Deerfield Beach FL
 City **FL** Zip Code **33442**

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]* DATE **3/11/00**
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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PSTD SKUFCA, KIMBERLY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	801 NW 42ND AVENUE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	CITY-ST-ZIP	
<input type="checkbox"/> Delete	V GORDON, RALPH E	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1332 N.E. 25TH COURT	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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]* **KIMBERLY SKUFCA** **2-23-00** **(954) 777-3225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/99)