

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91509 037 ***150.00

DOCUMENT # P97000081803

1. Entity Name
MAINE-LY REMODELING, INC.

Principal Place of Business
 1865 SW 31ST AVE
 SUITE 116
 PEMBROKE PARK FL 33009
 US

Mailing Address
 1865 SW 31ST AVE
 SUITE 116
 PEMBROKE PARK FL 33009
 US

2. Principal Place of Business
Maine-Ly Remodeling Inc
 Suite, Apt. #, etc.
9274 150th Ct. N.

3. Mailing Address

Suite, Apt. #, etc. **same**

City & State
Jupiter, Florida

City & State

4. FEI Number **65-0792859**

Applied For
 Not Applicable

Zip **33478** Country **Palm Beach**

Zip Country

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

CHAMBERLAND, DENNIS J
733 S. HIGHLANDS DRIVE
HOLLYWOOD FL 33021

Name **Chamberland, Dennis J.**
 Street Address (P.O. Box Number Not Acceptable)
9274 150th Ct. N.
Jupiter
 FL **33478**

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 **Dennis J. Chamberland**
 Signature, typed or printed name of registered agent and title if applicable.

4-15-02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERLAND, DENNIS 733 S. HIGHLANDS DR HOLLYWOOD FL 33021	<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
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	P CHAMBERLAND, DENNIS 9274 150th Ct N. Jupiter, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Chamberland, Lisa 9274 150th Ct N. Jupiter, FL 33478	<input type="checkbox"/> Change <input checked="" 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 all other like empowered.

SIGNATURE: **Dennis J. Chamberland**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 **561 215-4001 / 4003**
 Date Daytime Phone

CR2E034 (9/01)