2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1920000 6905 Building and Remodeling Inc. 00-0CT 17 AM 7:41 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 3114 SW 20 Terr. 3114 SW 20 Terr. Delkay Beach FL. DelRay Beach FL 3. Mailing Address 2. Principal Place of Business 7/19/00 00 90002/0/0 \$150.00 3114 SW 20 Terr 3114 SW 20 TENT Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Reach 65-0810266 Not Applicable Rav De/Ray Beac \$8.75 Additional Country 5. Certificate of Status Desired 33445 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (P.O. Box Number is Not Acceptable) City De / Ray Beach 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 (NOTE: Registered Agent signature required when revisitating) FILE NOWIN FEE 18/\$150.00 After MAY 1/2000 Fee will be \$550.00 Make Check Payable to Department of State s. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Charige ☐ Addition Prasident TITLE IME ☐ Detete Paul Cavaliere NAME NAME **CR2E034** 3114 SW 20 Terr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33445 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ~ ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZP Delete Addition TITLE DILLE NAME STREET ADDRESS ..... AUDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change TITLE ☐ Defete NAME STREET ADDRESS .... : BIYIRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change Delete MIF NAME STREET ADDRESS ..... AIMPRESS CITY-ST-ZIP ST-ZIP 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. PAUL M CAVALIER 7-1-00

.FRÓM⁵:

32012

## CAVCO BUILDING AND REMODELL CONTRACTOR 1/70

4 SW 20th Torace
 1) 1ay Beach, FL 13445
 561-278-8481

July 1, 2000

Division of Corporations
Uniform B siness Report Filings
P.O. Box 1500
Tallahasse: FL 32302-1500

Re: 2000 Iniform Business Report

To whom 'may concern:

Enclosed i my report with a cheef for \$150.00. In ver receive to original form in April there fore, I called the Depa ment of State in May and requested a new form be sent to me. I was told to write a letter indicating the situation and to enclose the original filing fee.

If you have any questions, please do not hesitate to contact me at the arch 8-8481. Also please note my change of address above.

Thank you

Sincerely,

Paul M. Cavaliere President