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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400022616894
08/27/03--01065--005 **61.25

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022247

1. Entity Name
E.Z. HOME IMPROVEMENTS, INC.

Principal Place of Business	Mailing Address
1497 N.W. 7TH STREET MIAMI, FL 33125 US	P.O. BOX 97-1669 MIAMI, FL 33197-1669

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22295 SW 260 Street	P.O.Box 97-1669
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, FL	City & State: Miami, FL 33197-1669
Zip: 33031 Country: Miami-Dade	Zip: 33197 Country: Miami-Dade

4. FEI Number: 65-0836025 ☐ Applied For ☐ Not Applicable

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
ZIMBELMANN, ELMER 22295 S.W. 260TH STREET HOMESTEAD, FL 33031	Name: n/a Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMBELMANN, ELMER 22295 SW 260TH STREET HOMESTEAD, FL 33031 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VicePresident/Treasurer ☐ Change XX ☐ Addition DOIG-ZIMBELMANN, Janet 22295 SW 260th Street Homestead, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 7/15/03 (305) 235-6562
ELMER ZIMBELMANN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

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