

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032505

1. Entity Name
CORNELL RENOVATIONS INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91304 016 ***150.00

Principal Place of Business

17963 D LK CARLTON DR.
LUTZ FL 33549
US

Mailing Address

17963 D LK CARLTON DR.
LUTZ FL 33549
US

2. Principal Place of Business

12732 Marjory Ave
Suite, Apt. #, etc.

3. Mailing Address

12732 Marjory Ave
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3495723

Applied For

Not Applicable

Zip

33612

Country

US

Zip

33612

Country

US

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

CORNELL, BRENDAN
17963-D LAKE CARLTON DR.
LUTZ FL 33549

Name

Brendan Cornell
Street Address (P.O. Box Number is Not Acceptable)

12732 Marjory Ave

City

Tampa

FL

Zip Code

33612

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

Brendan Cornell President

Brendan Cornell

4-25-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 D
NAME CORNELL, BRENDAN
STREET ADDRESS 17963-D LAKE CARLTON DR.
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Brendan Cornell

Date

Daytime Phone #

CR2E034 (10/00)