

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000061808**

1. Entity Name

ADVANCED REMODELING CORP. OF FLORIDA

Principal Place of Business

**2085 SW JUSTISON AVE.
PORT SAINT LUCIE FL 34953**

Mailing Address

**2085 SW JUSTISON AVE.
PORT SAINT LUCIE FL 34953**

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

65-0444831

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLAFENHEIM, GREGORY M
2085 SW JUSTISON AVE.
PORT SAINT LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name

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

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

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 Additional Fee

11. OFFICERS AND DIRECTORS

TITLE	STP	☐ Delete
NAME	GLAFENHEIM, GREGORY M	
STREET ADDRESS	2085 SW JUSTISON AVE	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34953	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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 110.07(3)(i), Florida Statutes. I further certify that the information in 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory M. Glafenheim **Gregory M. Glafenheim** 4/27/03 772-336-1576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90354 022 ***150.00



DO NOT WRITE IN THIS SPACE