0570861 AV

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000064998**

1. Entity Name

STANLEY CONSTRUCTION & REMODELING, INC.

FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90095 042 ***150.00

Principal Place of Business 502 SAN REMO CIR. INVERNESS FL 34451			Mailing Address PO BOX 1945 INVERNESS FL 34451					
2. Principal Place of Business			3. Mailing Address			<u>-</u> 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-3523351		pplied For ot Applicable
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		T	7. Name and Address of New Re	gistered Agent	
					Name			
GURROLA, RUDOLPH SR 502 SAN REMO CIR.					Street Address (P.O. Box Number is Not Acceptable)			
INVERNES	S FL 3445	1						
invented to the					City FL Zip Code			
	named entity ions of regist		r the purpose of cha	anging its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	ed 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 Fina Trust Fund Contribution		00 May Be d to Fees
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE	PST.		□ De	elete TITL	E		☐ Change	Addition
NAME	GURROLA	, rudolph r		: NAM	1E			_ \
STREET ADDRESS	502 SAN F	REMO CIR.		STRI	EET ADDRESS			ļ
CITY-ST-ZIP	INVERNES	S FL 34451		CITY	r-ST-ZIP			ļ
TITLE NAME	<u> </u>		□ De	elete TITL	ı		☐ Change	Addition
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TITLE	,		□ De	lete TITL	E	,	☐ Change	Addition
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STREET ADDRESS				STRE	ET ADDRESS			1
CITY-ST-ZIP				CITY	-ST-ZIP			
12 I hereby o	ortify that the	information cumplied with	this filing does not a	welfy for the eye	montion stated in Co.	ation 110 07(2)(i) Florido Statutos I f	and the second second second	

12. I nereby certify that the information supplied with this tiling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Opr. 5, 2003