

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 013 ***150.00

DOCUMENT # **P 98000072057**

1. Entity Name

COMMERCIAL RENOVATION CONTRACTORS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2756 SUMMERDALE DR

Suite, Apt. #, etc.

3. Mailing Address

2756 SUMMERDALE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3528243

Applied For

Not Applicable

Zip

33761

Country

PINELLAS

Zip

33761

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KASTES, PAUL F

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

2897 AVON COURT

City

PALM HARBOR

FL

Zip Code

34684

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Amended UBR is \$61.25

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

TITLE	VP
NAME	KASTES, PAUL F
STREET ADDRESS	2897 AVON COURT
CITY-STATE-ZIP	PALM HARBOR FL 34684
TITLE	P
NAME	WERMTER, ARNOLD B
STREET ADDRESS	1561 BELLROSE DR
CITY-STATE-ZIP	CLEARWATER FL 33756
TITLE	
NAME	
STREET ADDRESS	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Arnold Wermter** **ARNOLD WERMTER, PRESIDENT 5-1-02 727-726-7280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)