

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90239 030 \*\*\*150.00

**DOCUMENT # P98000086953**

1. Entity Name

**CLAUDE BOIVIN RENOVATION, INC.**

Principal Place of Business

751 PINE DR. #104  
 POMPANO BEACH FL 33060

Mailing Address

751 PINE DR. #104  
 POMPANO BEACH FL 33062-4718

104021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**605 N. RIVERSIDE DR**  
 Suite, Apt. #, etc.  
**POMPANO BEACH**  
 City & State

3. Mailing Address

**605 N RIVERSIDE DR**  
 Suite, Apt. #, etc.  
**POMPANO, BC**  
 City & State

4. FEI Number

**65-0885345**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **FL 33062** Country **BROWARD**

Zip **FL 33062** Country **BROWARD**

6. Name and Address of Current Registered Agent

**BOIVIN, CLAUDE**  
**751 PINE DR, #104**  
**POMPANO BEACH FL 33060**

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 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, 2000 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  Delete  
 NAME **PTSD**  
 STREET ADDRESS **BOIVIN, CLAUDE**  
 CITY-ST-ZIP **751 PINE DR, #104**  
**POMPANO BEACH FL 33060**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME **BOIVIN CLAUDE**  
 STREET ADDRESS **605 N RIVERSIDE DR,**  
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
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 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: Claude Boivin  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/00 954-942-9698  
 Date Daytime Phone #

CR2000 10/00