2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State DOCUMENT # P98000088299 Entity Name 05-22-2002 90073 005 ***150 00 CANAC KITCHEN & BATH CONTRACTORS, INC. Principal Place of Business Mailing Address 198 W BAY DRIVE 198 W BAY DRIVE **LARGO FL 33770 LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3544706 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAIRO, ALDO Street Address (P.O. Box Number is Not Acceptable) 2212 WINDSONG CT SAFETY HARBOR FL 34695 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CAIRO, ALDO NAME STREET ADDRESS 2212 WINDSONG CT STREET ADDRESS CITY-ST-7IP SAFETY HARBOR FL 34695 CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition NAME RUGO, RALPH NAME STREET ADDRESS 1204 LAWNSIDE AVE STREET ADDRESS CITY-ST-7IP SAFETY HARBOR FL 34624 CITY-ST-7IP TITLE-☐ Delete TITLE --Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE

 I hereby certify that the information supplied indicated on this report or supplementary n this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information oor 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if essential other like empowered. of the corporation of changed, or on ar

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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