## FILED Jul 22, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P99000001993 DOCUMENT # 1. Entity Name 07-22-2002 90167 014 \*\*\*150.00 COMPLETE HOME REPAIR & REMODELING, INC. Principal Place of Business Mailing Address 8362 PINES BLVD 8362 PINES BLVD. 304 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0864612 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, RANDALL A Street Address (P.O. Box Number is Not Acceptable) 8362 PINES BLVD. # 304 PEMBROKE PINES FL 33024 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME MILLER, RANDALL A II NAME 8362 PINES BLVD. # 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE Defete

13. I hereby certify that the information scoplied 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 of 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COMPLETE HOME REPAIR & REMODELING, INC.

Licensed & Insured

8362 Pines Blvd., Suite 304 Pembroke Pines, Florida 33024

> Office (954) 684-4816 Fax (954) 442-0885

Wednesday July 17, 2002

Division of Corporations
Uniform Business Report Filings
PO-Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

To Whom it May Concern:

Please accept this as notice that Complete Home Repair and Remodeling, Inc. did not receive the initial 2002 Uniform business Report. Pursuant to the instructions with the filing notice that we did receive, I provide this letter of explanation and payment of \$ 150.00

If you have any questions or require any additional information, please do not hesitate to contact us. Thank you.

I certify and attest that all information contained in the letter and report are true and accurate.

Randall A. Miller

President