

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021385

1. Entity Name

ST. CLAIR REMODELING, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90095 011 ***150.00

Principal Place of Business

2441 VANCE TERR.
PORT CHARLOTTE FL 33981

Mailing Address

2441 VANCE TERR.
PORT CHARLOTTE FL 33981-1040

2. Principal Place of Business

12307 McCall Rd.
Suite, Apt. #, etc.

3. Mailing Address

12307 McCall Rd.
Suite, Apt. #, etc.

633040



DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

65-0918063

Applied For

Not Applicable

Zip

33981

Country

US

Zip

33981

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKO P
C/O BATSEL, MCKINLEY, ITTERSAGEN, P.A.
1861 PLACIDA RD., STE. 204
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name: Richard Sinclair
Street Address (P.O. Box Number is Not Acceptable):
12307 McCall Rd
Port Charlotte
City: FL Zip Code: 33981

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

TITLE: D ☐ Delete
NAME: SINCLAIR, RICHARD
STREET ADDRESS: 2441 VANCE TERR.
CITY-ST-ZIP: PORT CHARLOTTE FL 33981

TITLE: D ☐ Delete
NAME: PHILBRICK, RUSSELL
STREET ADDRESS: 55 CEDAR ST.
CITY-ST-ZIP: ENGLEWOOD FL 34223

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Sec/Tres ☐ Change ☒ Addition
NAME: Nancy Barrow
STREET ADDRESS: 2441 Vance Ter
CITY-ST-ZIP: Port Charlotte FL 33981

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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, and all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200004 (0/00)