## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 16, 2002 8:00 am Secretary of State P99000031441 DOCUMENT # 1. Entity Name 05-16-2002 90014 020 \*\*\*150 00 A&D REMODELING INC. Mailing Address Principal Place of Business 6130 HUPA ROAD 6130 HUPA ROAD SARASOTA FL 34241 SARASOTA FL 34241 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number -City & State "City &"State" 59-3573266 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, ALLEN W Street Address (P.O. Box Number is Not Acceptable) 6130 HUPA ROAD SARASOTA FL 34241 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition Change TITLE ☐ Delete TITLE NAME DAVIS, ALLEN NAME STREET ADDRESS STREET ADDRESS 16130 HUPA RD CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME DAVIS, DEBBIE STREET ADDRESS 6130 HUPA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS 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. CITY-ST-7IP

FILED