

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034365

1. Entity Name

ALMAR RENOVATIONS, INC.

Principal Place of Business

3207 EAST LLOYD STREET  
PENSACOLA FL 32503

Mailing Address

3207 EAST LLOYD STREET  
PENSACOLA FL 32503-6827

2. Principal Place of Business

2006 E BOBE ST

Suite, Apt. #, etc.

3. Mailing Address

2006 E BOBE ST

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip 32503

Country

USA

City & State

PENSACOLA FL

Zip

32503

Country

4. FEI Number

59-3585029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAYNER, ALAN F  
3207 EAST LLOYD STREET  
PENSACOLA FL 32503

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RAYNER, ALAN F	
STREET ADDRESS	3207 EAST LLOYD STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNER, ALAN F	
STREET ADDRESS	2006 E BOBE ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	Executive Vice Pres. - Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNER, MARY M.	
STREET ADDRESS	2006 E BOBE ST	
CITY-ST-ZIP		
TITLE	Vice President - Home Svcs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASKEY KYLE	
STREET ADDRESS	1268 MARBLE CT #6	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN F. RAYNER

3-15-00

Date

850-438-6820

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

Form 1001