

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90066 024 ***150.00

DOCUMENT # P99000078962

1. Entity Name

PREMIER KITCHENS & BATHS OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

5802 CHERRY ROAD
OCALA FL 34472

5802 CHERRY ROAD
OCALA FL 34472

2. Principal Place of Business

3810 SE Lake Weir

Suite, Apt. #, etc.

3. Mailing Address

3810 SE Lake Weir

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

U.S.A.

Zip

34480

Country

U.S.A.

4. FEI Number

59-3595822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0043527



6. Name and Address of Current Registered Agent

ARMSTRONG, FRED C D
5802 CHERRY RD
OCALA FL 34472

7. Name and Address of New Registered Agent

Name

Remo Di Genova

Street Address (P.O. Box Number is Not Acceptable)

4191 SE 22nd Ave

City

Ocala

FL

Zip Code

34480

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

Remo Di Genova

04/06/01

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, FRED C	
STREET ADDRESS	5802 CHERRY ROAD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, SCOTT	
STREET ADDRESS	5802 CHERRY ROAD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, WENDY	
STREET ADDRESS	5802 CHERRY ROAD	
CITY-ST-ZIP	OCALA FL 34472	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Remo Di Genova	
STREET ADDRESS	4191 SE 22nd Ave.	
CITY-ST-ZIP	Ocala, FL 34480	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angelo Di Genova	
STREET ADDRESS	10181 SE 111th Ct.	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Canganelli	
STREET ADDRESS	4191 SE 22nd Ave	
CITY-ST-ZIP	Ocala, FL 34480	
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		
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:

Remo Di Genova

04/06/01

352-369-7458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)