2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90085 020 ***150.00

DOCUMENT # P99000098395 ✓

1. Entity Name
Accurate Building & Remodeling, Inc.

Principal Place of Business: 2940 NE 19th Terrace Suite A, Lighthouse Point, FL. 33064

Mailing Address: 2940 NE 19th Terrace Suite A, Lighthouse Point, FL. 33064

A0045931

2. Principal Place of Business	3. Mailing Address
2940 NE 19th Terrace	2940 NE 19th Terrace Suite A
Suite, Apt. #, etc: Suite A	Suite, Apt. #, etc: Suite A
City & State: Lighthouse Point, FLORIDA	City & State: Lighthouse Point, FL.
Zip: 33064 Country: BROWARD	Zip: 33064 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0958503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BETH ANN PARKER
2940 NE 19th Terrace A
Lighthouse Point, FL. 33064

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 Beth Ann Parker BETH ANN PARKER / President
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Beth Ann Parker President BETH ANN PARKER 4/2/01 954-783-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #