

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-24-2003 90245 042 ***150.00

DOCUMENT # P99000098395

1. Entity Name
ACCURATE BUILDING & REMODELING, INC.



Principal Place of Business
**800 NE 10TH AVE.
POMPANO BEACH FL 33060**

Mailing Address
**800 NE 10TH AVE.
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMP BEACH FL.

City & State

POMP BEACH FL.

4. FEI Number **65-0958503**

Applied For

Not Applicable

Zip
33060

Country
BROW.

Zip
33060

Country
BROW

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PARKER, BETH A
800 N.E. 10TH AVE.
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

Name **MABLE LOUISE KILGORE**

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

3130 NW 68TH CT

City **FT. LAUD. FL.**

FL

Zip Code
33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

May 8/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **PARKER, BETH ANN**
STREET ADDRESS **301 SW 10TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **V** ☐ Delete
NAME **LAYNE, CARL M**
STREET ADDRESS **3130 NW 68TH CT.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☒ Addition
NAME **MABLE LOUISE KILGORE**
STREET ADDRESS **3130 NW 68TH CT**
CITY-ST-ZIP **FT. LAUD. FL. 33309**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)