

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90037 027 \*\*\*150.00

**DOCUMENT # F99000000855**

1. Entity Name  
**UNITED STATES RESTORATION, INC.**

Principal Place of Business  
**152 KEYSTONE DRIVE  
 MONTGOMERYVILLE PA 18936**

Mailing Address  
**152 KEYSTONE DRIVE  
 MONTGOMERYVILLE PA 18936**

2. Principal Place of Business  
**99 PINE RUN ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1263**  
 Suite, Apt. #, etc.

City & State  
**DOYLESTOWN PA**  
 Zip **18901** Country

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4. FEI Number **23-2943135**

Applied For  
 Not Applicable

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

**C0035624**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**BLANTON, EDWIN F  
 825 THOMASVILLE ROAD  
 TALLAHASSEE FL 32303**

**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 \_\_\_\_\_ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSTD</b>			
	<b>BIANCHINI, RICK</b>	<b>152 KEYSTONE DRIVE</b>	<b>MONTGOMERYVILLE PA</b>	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>RICHARD BIANCHINI</b>	<b>99 PINE RUN ROAD</b>	<b>DOYLESTOWN PA 18901</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Richard Bianchini* **RICHARD BIANCHINI** 3/15/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)