

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 011 ***150.00

DOCUMENT # *F 99000000 855*
1. Entity Name
UNITED STATES RESTORATION INC

DO NOT WRITE IN THIS SPACE

831639

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

3. Mailing Address
99 PINE RUN ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DOYLESTOWN PA

City & State
DOYLESTOWN PA

4. FEI Number
23-2943135
Applied For
 Not Applicable

Zip
18901
Country

Zip
18901
Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BLANTON, EDWIN F.
Street Address (P.O. Box Number is Not Acceptable)
825 THOMASVILLE ROAD
City
TALLAHASSEE FL Zip Code
32303

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:  DATE: *4-9-02*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>P S T D BIANCHINI, RICHARD 99 PINE RUN ROAD DOYLESTOWN PA 18901</i>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  *RICHARD BIANCHINI* DATE: *4-9-02* 215-189-9310