

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90163 042 \*\*\*150.00

0630118

**DOCUMENT # P93000080213**

1. Entity Name  
**SEMCO RESTORATION, INC.**

Principal Place of Business  
**205 CENTURY BLVD  
 BARTOW FL 33830**

Mailing Address  
**PO BOX 780  
 BARTOW FL 33831  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3208463**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

**LOCKE, CARL E JR  
 205 CENTURY BLVD  
 BARTOW FL 33830**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DV	<input type="checkbox"/> Delete
NAME	BEASLEY, DANNY	
STREET ADDRESS	205 CENTURY BLVD.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOCKE, SHANE	
STREET ADDRESS	205 CENTURY BLVD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LOCKE, CARL E JR	
STREET ADDRESS	205 CENTURY BLVD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MROZEK, ADAM	
STREET ADDRESS	205 CENTURY BLVD	
CITY-ST-ZIP	BARTOW FL 33830	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shane Locke	
STREET ADDRESS	205 Century Blvd	
CITY-ST-ZIP	Bartow Fl 33830	
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 an other like empowered.

SIGNATURE: Shane D. Locke **Shane D. Locke Treasurer 3/19/01 8035337193**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)