## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P95000076784 1. Entity Name AMERICAN RESTORATION INC. 03-15-2000 90097 025 \*\*\*150.00 Mailing Address -Principal Place of Business 4108 ROYAL PALM DR. 4108 ROYAL PALM DR. **BRADENTON FL 34210 BRADENTON FL 34210-1311** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City, & State 65-0618821 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7.- Name and Address of New Registered Agent Name GALLE, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 4108 ROYAL PALM DR. **BRADENTON FL 34210** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition ☐ Delete TITLE GALLE, RICHARD NAME NAME 4108 ROYAL PALM DR. STREET ADDRESS STREET ADDRESS **BRADENTON FL 34210** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITI F TITLE GALLE, MARY ANN NAME 4108 ROYAL PALM DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ☐-Change\* ☐ Addition TITLE-: Delete TITLE .-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

SIGNATURE

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY ANN GAILE) 3-12-00

941-795433

Daytime Phone #

**FILED**