

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90060 025 \*\*\*158.75

**DOCUMENT # 611027**

1. Entity Name

**CORNERSTONE RESTORATIONS, INC.**

Principal Place of Business

**221 N CAUSEWAY  
 NEW SMYRNA BEACH FL 32169  
 US**

Mailing Address

**221 N CAUSEWAY  
 NEW SMYRNA BEACH FL 32169  
 US**

2. Principal Place of Business

**690 OSCEOLA AVE**

3. Mailing Address

**690 OSCEOLA AVE**

Suite, Apt. #, etc.

**303**

Suite, Apt. #, etc.

**303**

City & State

**WINTER PARK, FL**

City & State

**WINTER PARK, FL**

Zip

**32789**

Country

**USA**

Zip

**32789**

Country

**USA**

4. FEI Number

**59-1931156**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPENCE, HAL  
 221 N CAUSEWAY  
 NEW SMYRNA BCH FL 32169**

7. Name and Address of New Registered Agent

Name

**IRENE DAVICH**

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

**690 OSCEOLA AVE APT 303**

City

**WINTER PARK**

**FL**

Zip Code

**32789**

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

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

(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 **P** ☐ Delete  
 NAME **DAVICH, DOUG**  
 STREET ADDRESS **91-1222 ALA NUI MAUKA ST**  
 CITY-ST-ZIP **EWA BEACH HI 56906**

TITLE **ST** ☐ Delete  
 NAME **DAVICH, ANITA**  
 STREET ADDRESS **91-1222 ALA NUI MAUKA ST**  
 CITY-ST-ZIP **EWA BEACH HI 96706**

TITLE **VP** ☒ Delete  
 NAME **DAVICH, MILAN D.**  
 STREET ADDRESS **690 OSCEOLA AVE. APT 303**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition  
 NAME **M. D. DAVICH**  
 STREET ADDRESS **95046 HOKULIWA ST. #15**  
 CITY-ST-ZIP **MILILANI, HI 96789**

TITLE **SEC/TREAS** ☒ Change ☐ Addition  
 NAME **ANITA P. DAVICH**  
 STREET ADDRESS **95046 HOKULIWA ST #15**  
 CITY-ST-ZIP **MILILANI, HI 96789**

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

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

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

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/01**

Date

**808 681-3786**

Daytime Phone #

CR2E034 (10/00)