

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004254

1. Entity Name

RESTORE-A-GRIP CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90119 026 ***150.00

Principal Place of Business 1104 OCEAN DUNES CIRCLE 1 JUPITER FL 33477 US	Mailing Address 1104 OCEAN DUNES CIRCLE 1 JUPITER FL 33477-9127 US
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2. Principal Place of Business 416 RIVER EDGE RD. Suite, Apt. #, etc.	3. Mailing Address 416 RIVER EDGE RD. Suite, Apt. #, etc.
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City & State JUPITER, FL	City & State JUPITER, FL	4. FEI Number 65-0420445	Applied For Not Applicable
Zip 33477	Country PALM BEACH	Zip 33477	Country PALM BEACH



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NYE, GERALD P JR. 1104 OCEAN DUNES CIRCLE M JUPITER FL 33477	7. Name and Address of New Registered Agent Name NYE, GERALD P. JR. Street Address (P.O. Box Number is Not Acceptable) 416 RIVER EDGE RD. City JUPITER FL Zip Code 33477
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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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NYE, GERALD P JR. 1104 OCEAN DUNES CIRCLE JUPITER FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NYE, GERALD P. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 416 RIVER EDGE RD JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/26/00 561 744 5809
Date Daytime Phone #