

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM****Secretary of State****DOCUMENT # F98000002026****1. Entity Name**

PROFESSIONAL RESTORATION GROUP, INC.

**Principal Place of Business**

1609 B GULF SHORES PKWY

GULF SHORES  
36542

AL

**Mailing Address**

1609 B GOLF SHORES PKWY

GULF SHORES  
36542

AL

**2. Principal Place of Business**

1544 WEST SECOND STREET

Suite, Apt. #, etc.  
SUITE 101**City & State**

GULF SHORES

AL

Zip  
36542Country  
US**3. Mailing Address**

P.O. BOX 6279

Suite, Apt. #, etc.

**City & State**

GULF SHORES

AL

Zip  
36547Country  
US**4. FEI Number****56-1990132****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**CARGILL CRAIG S  
333 FALKENBURG RD. NORTH, STE. B233TAMPA FL  
33619 US**7. Name and Address of New Registered Agent****Name**

LESTER GEORGE W

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

3341 ARTHUR STREE

City  
HOLLYWOOD

FL

Zip Code  
33021**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 GEORGE W LESTER**

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

(NOTE: Registered Agent signature required when reinstating)

**05/01/2000**

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, 2000 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	V	NAME	STREET ADDRESS	CITY-ST-ZIP	AL	36542
	<input checked="" type="checkbox"/> Delete	LESTER GEORGE	1609 B GULF SHORES PKWY	GULF SHORES	AL	36542

TITLE	DST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33619
	<input type="checkbox"/> Delete	BRETT CHRISTOPHER J	333 FALKENBURG RD. NORTH, STE. B233	TAMPA	FL	33619

TITLE	CP	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33619
	<input type="checkbox"/> Delete	CARGILL CRAIG S	333 FALKENBURG RD. NORTH, STE. B233	TAMPA	FL	33619

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Delete					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Delete					

TITLE		NAME	STREET ADDRESS	CITY-ST-ZIP		
	<input type="checkbox"/> Delete					

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	AL	36547

TITLE	DST	NAME	STREET ADDRESS	CITY-ST-ZIP	AL	36547
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	BRETT CHRISTOPHER J	P.O. BOX 6279	GULF SHORES	AL	36547

TITLE	CP	NAME	STREET ADDRESS	CITY-ST-ZIP	AL	36547
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CARGILL CRAIG S	P.O. BOX 6279	GULF SHORES	AL	36547

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"/> Change <input type="checkbox"/> Addition					

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: CRAIG S. CARGILL****CP 05/01/2000**