

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2000 8:00 am
Secretary of State

04-19-2000 90101 037 ***150.00

DOCUMENT # L06024

1. Entity Name

VON HAWK RESTORATION LABORATORIES, INC.

Principal Place of Business

24987 COUNTY RD 42
 P.O. BOX 546
 PAISLEY FL 32767

Mailing Address

24987 COUNTY RD 42
 P.O. BOX 546
 PAISLEY FL 32767-0546

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 **59-2971299**

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

VON HAWK, ALEXANDRA M.
24987 COUNTY RD 42
PAISLEY FL 32767

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	VON HAWK, ALEXANDRA M.	
STREET ADDRESS	24987 COUNTY RD 42	
CITY-ST-ZIP	PAISLEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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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:  **July 2 2000** Date Daytime Phone #

CR2E034 (9/99)