2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
05-01-2001 90117 027 ****61.25

5/1/01

DOCUMENT # N00000000642

1. Entity Name

MEN'S RESTORATION OF CAPE CANAVERAL, INC.

Principal Place of Business	Mailing Address
302 MADISON AVE. CAPE CANAVERAL FL 32920	302 MADISON AVE. CAPE CANAVERAL FL 32920

76427 [redacted]

DO NOT WRITE IN THIS SPACE

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 59-3614444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PUCKETT, AUGUSTUS B 302 MADISON AVE. CAPE CANAVERAL FL 32920	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

Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State SECRETARY

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUCKETT, AUGUSTUS B (President) D 302 MADISON AVE. CAPE CANAVERAL FL 32920 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PATRICIA L. BOWMAN ☐ Change ☑ Addition 223 COLUMBIA DRIVE APT. #16 D CAPE CANAVERAL, FLA. 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUCKETT, STEPHEN B (Vice-President) D 323 RAUSSELL PLACE SEVERNA PARK MD 21146 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NICK G. SINAPLIDIS ☐ Change ☑ Addition 118 WINSTON DRIVE (Board Member) WILLIAMSBURG, VA. 23185 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, ROGER L 1640 S.E. BALLANTRAE BLVD. NORTH PT. ST. LUCIE FL 34952 (NO LONGER ON BOARD) ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Augustus B. Puckett APR. 21, 2001 (321) 799-9199

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #