

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007580

1. Entity Name

HISTORICAL RESTORATION ENTERPRISES, INCORPORATED

Principal Place of Business

8855 BLANCHARD AVE.
FONTANA CA 92335

Mailing Address

8855 BLANCHARD AVE.
FONTANA CA 92335

2. Principal Place of Business

8855 BLANCHARD AVE SAME

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FONTANA CA

City & State

Zip

92335

Country

SAN BERNARDINO CA

Zip

Country

4. FEI Number

31-1757137

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANSON, ALDRIDGE & SANDS, P.A.
1325 HENDRICKS AVE., STE. 200
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent: signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RUTH BURK	
STREET ADDRESS	8855 BLANCHARD AVE	
CITY-ST-ZIP	FONTANA CA 92335	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAWN BURK	
STREET ADDRESS	8855 BLANCHARD AVE	
CITY-ST-ZIP	FONTANA CA 92335	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	RICHARD BURK	
STREET ADDRESS	17982 VALENCIA AVE	
CITY-ST-ZIP	FONTANA, CA 92335	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Ruth A. Burk RUTH A. BURK

4-1-01 909.877.0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90299 002 ***150.00

645461



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)