

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008294

FILED
Aug 16, 2002
Secretary of State

Entity Name: COLLECTIVE RESTORATION INC.

Current Principal Place of Business:

5111 TAVEL ST
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

5111 TAVEL ST
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 80-0024034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SHERRY-ANN L
5111 TAVEL ST,
ORLANDO, FL,, FL 32821

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, SHERRY-ANN L
Address: 5111 TAVEL ST,
City-St-Zip: ORLANDO,, FL 32821

Title: V () Delete
Name: HOWARD, NATHANIEL
Address: 3004 9TH ST,
City-St-Zip: WASHINGTON,, DC 20032

Title: P () Delete
Name: WEEMS, VICTORIA
Address: 9225 NELSON PARK CIRCLE, APT. 203
City-St-Zip: ORLANDO,, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HOWARD, NATHANIEL
Address: 3004 9TH ST,
City-St-Zip: WASHINGTON,, DC 20032

Title: PR (X) Change () Addition
Name: WEEMS, VICTORIA
Address: 9225 NELSON PARK CIRCLE, APT. 203
City-St-Zip: ORLANDO,, FL 32817

Title: D () Change (X) Addition
Name: ROBERTS, DOUGLASS
Address: 5111 TAVEL ST
City-St-Zip: ORLANDO, FL 32821

Title: D () Change (X) Addition
Name: ROBERTS, EDMOND
Address: 5111 TAVEL ST
City-St-Zip: ORLANDO, FL 32821

Title: D () Change (X) Addition
Name: ROBERTS, LINDON
Address: 5111 TAVEL ST
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY-ANN ROBERTS

P

08/16/2002

Electronic Signature of Signing Officer or Director

Date