

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10429

1. Entity Name:

RESTORING LOVE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90103 043 ****61.25

Principal Place of Business

4205 MEDALIST CT.
ZELLWOOD FL 32798

Mailing Address

4205 MEDALIST CT.
ZELLWOOD FL 32798-9006

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

59-2566794

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

FRATKIN, EDWARD
4205 MEDALIST CT.
ZELLWOOD FL 32798

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRATKIN, EDWARD	
STREET ADDRESS	4205 MEDALIST CT	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUY, WALTER	
STREET ADDRESS	12 BEAUCLAIR DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CONSTANCE	
STREET ADDRESS	2549 FAIRBLUFF RD.	
CITY-ST-ZIP	ZELLWOOD FL	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: **EDWARD FRATKIN PD** 3/4/00 407-884-7990

CR2E037 (9/99)