

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000044537****1. Entity Name**
HIGH PERFORMANCE RESTORATION, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 10:03

Principal Place of Business
350 ANTHONY DR
PORT ORANGE FL 32127**Mailing Address**P.O. Box 238081
ALENDALE, FL 32123**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

59-3648618

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****PATTERSON, LAWRENCE C**P.O. Box 238081
ALENDALE, FL
32123**7. Name and Address of New Registered Agent**Name **LAWRENCE C PATTERSON**

Street Address (P.O. Box Number, Is Not Acceptable)

350 ANTHONY DR

City **PORT ORANGE**

FL

Zip Code **32127****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 reinstalling)

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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**TITLE **D** ☐ Delete
NAME **PATTERSON, LAWRENCE C**
STREET ADDRESS **350 ANTHONY DR**
CITY-ST-ZIP **PORT ORANGE FL 32127**TITLE **D** ☐ Delete
NAME **BLAIR, EDGAR E**
STREET ADDRESS **P.O. Box 238081**
CITY-ST-ZIP **ALENDALE, FL, 32123**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:**SIGNATURE **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR9-6-2001 (904) 754-9420
Date Daytime Phone #

CR2E034 (5/01)