## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an ad-

SIGNATURE:

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000074857 04-25-2001 90090 021 \*\*\*150.00 HARVARD RESTORATION SERVICES, INC. Principal Place of Business Mailing Address 715 KUHL AVENUE 715 KUHL AVENUE ORLANDO FL 32801-3713 ORLANDO FL 32801-3713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THRAILKILL, JOHN A Street Address (P.O. Box Number is Not Acceptable) 715 KUHL AVENUE ORLANDO FL 32801-3713 City 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, typod or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 5-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** Change Addition CR2E034 (10/00) TITLE ☐ Dalete TITLE NAME THRAILKILL, JOHN A NAME STREET ADDRESS 1147 PENNSYLVANIA AVE, APT 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete Change Addition NAME THRAILKILL, JOHN A NAME STREET ADDRESS 715 KUHL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801-3713 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-7IP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

JOHN