

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90119 012 ***150.00

DOCUMENT # *P00000074857*

1. Entity Name

HARVARD RESTORATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

11028939

2. Principal Place of Business

715 EXECUTIVE DRIVE

3. Mailing Address

715 EXECUTIVE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3662480

Applied For

Not Applicable

Zip

32789

County

ORANGE

Zip

32789

County

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *THRAILKILL, JOHN A.*

Street Address (P.O. Box Number is not acceptable) *715 EXECUTIVE DRIVE*

City *WINTER PARK*

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PVST*
NAME *THRAILKILL, JOHN A.*
STREET ADDRESS *715 EXECUTIVE DRIVE*
CITY-ST-ZIP *WINTER PARK, FL 32789*

TITLE *D*
NAME *THRAILKILL, JOHN A.*
STREET ADDRESS *715 EXECUTIVE DRIVE*
CITY-ST-ZIP *WINTER PARK, FL 32789*

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fees empowered.

SIGNATURE:

John Thrailkill JOHN THRAILKILL

4/15/03

Date

407-629-1818

Daytime Phone #

CR2E034B (12/02)