

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90326 023 ***150.00

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DOCUMENT # P00000092741

1. Entity Name
BRIDGES RESTORATION, INC.



Principal Place of Business
4900 CENTER LANE
ORLANDO FL 32808

Mailing Address
4900 CENTER LANE
ORLANDO FL 32808

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3674074

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRIDGES, LARRY L
4900 CENTER LANE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

SAME

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **BRIDGES, BELINDA**
STREET ADDRESS **4900 CENTER LANE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VP** ☐ Delete
NAME **BRIDGES, LARRY L**
STREET ADDRESS **4900 CENTER LANE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **ST** ☐ Delete
NAME **BRIDGES, BELINDA**
STREET ADDRESS **4900 CENTER LN**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VP** ☐ Delete
NAME **JACKSON, TERRELL L**
STREET ADDRESS **4900 CENTER LANE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Larry Bridges - owner** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4900 Center Lane**
CITY-ST-ZIP **Orlando, Florida**

TITLE **Terrell L. Jackson - owner** ☒ Change ☒ Addition
NAME
STREET ADDRESS **4900 Center Lane**
CITY-ST-ZIP **Orlando, Florida 32808**

TITLE **Larry K. Bridges - owner** ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Larry K Bridges Treasurer** ☒ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Terrell L. Bridges** ☒ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **4900 Center Lane**
CITY-ST-ZIP **Orlando, Florida 32808**

TITLE **Larry L. Bridges** ☒ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **4900 Center Ln**
CITY-ST-ZIP **Orlando, Florida 32808**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Bridges
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Bridges
Date

4/29/03
Daytime Phone #

CR2E034 (10/02)