2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-29-2002 90105 004 ***150.00

DOCUMENT # P01000036458

1. Entity Name
UPSCALE RESTORATIONS, INC.

Principal Place of Business	Mailing Address
1015 VENETIAN AVENUE ORLANDO FL 32804	1015 VENETIAN AVENUE ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1015 VENETIAN AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State
Zip: 32804 Country: ORANGE	Zip Country

4. FEI Number: 59 3717637 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTWRIGHT, MARK R
1015 VENETIAN AVENUE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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 Mark Cartwright SEC TREAS. 4/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALSH, PATRICIA M 1015 VENETIAN AVENUE ORLANDO FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATRICIA, WALSH-CARTWRIGHT 1015 VENETIAN AVE ORLANDO FL 32804 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARTWRIGHT, MARK R 1015 VENETIAN AVENUE ORLANDO FL 32804 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Patricia Walsh Cartwright 4-1-02 (407) 383-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

60602

Attachment to Ltr # P0100003645-8

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

355647

CP 575 A

0716934125

Your Telephone Number (407) 383-8898

Best Time to Call Daytime

DATE OF THIS NOTICE: 05-17-2001
EMPLOYER IDENTIFICATION NUMBER: 59-3717637
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

UPSCALE RESTORATIONS INC
% PATRICIA M WALSH
1015 VENETIAN AVE
ORLANDO FL 32804

Attachment to Doc# P01000036458 [redacted]

30302

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Orange Co FL 2001-0456815
10/09/2001 01:23:38pm
OR Bk 6365 Pg 5941
Recorded - Martha O. Haynie

MLO-01-0006507
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
MARK ROBERT CARTWRIGHT			10/08/1954
3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
ORLANDO	ORANGE	FLORIDA	OHIO
5a. BRIDE'S NAME (First, Middle, Last)	5b. MAIDEN SURNAME (If different)		6. DATE OF BIRTH (Month, Day, Year)
PATRICIA MARIE WALSH			04/09/1961
7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)
ORLANDO	ORANGE	FLORIDA	PENNSYLVANIA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THIS SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
► [signature]	09/21/2001
11. TITLE OF OFFICIAL	12. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	► [signature]
13. SIGNATURE OF BRIDE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
► [signature]	09/21/2001
15. TITLE OF OFFICIAL	16. SIGNATURE OF OFFICIAL (Use black ink)
DEPUTY CLERK	► [signature]

SEAL

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
ORANGE	09/21/2001	09/24/2001	11/20/2001

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
► [signature]	CLERK OF THE CIRCUIT COURT	[signature]

SEAL

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
9/29/2001	COCOA BEACH, FL

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
► [signature]	3111 KNOLLWOOD CIR. ORLANDO, FL 32804
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or county stamp)	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
Connie Jo Fleming MY COMMISSION # CC751830 EXPIRES October 8, 2002 BONDED THRU TROY FAIN INSURANCE INC.	► [signature]
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	► [signature]

SEAL

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS YES TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)
GROOM						
BRIDE						

STATE OF FLORIDA - COUNTY OF ORANGE
I HEREBY CERTIFY that this is a copy of the document as recorded in this office.
MARTHA O. HAYNIE, COUNTY COMPTROLLER
By: [signature] D.C.
DATE: 10/9/2001

SEAL

OH Form 743, Page 2 of 2 (Replaces Form 21 Marriage)