

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90887 010 \*\*\*150.00

DOCUMENT # P01000044391

1. Entity Name

ONSITE COLOR RESTORE INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1011 JONAH ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 89506

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE PLACID, FL

City & State

TAMPA, FL

Zip

33852

Country

U.S.A.

Zip

33689

Country

U.S.A.

4. FEI Number

59-3716937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALAHASSEE

FL

Zip Code

32301

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$850.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>JOSEPH J. SWINHOE</u> <u>515 COCO PLUM DRIVE</u> <u>SEFFNER, FL 33584</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>33584</u>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH J. SWINHOE

Date

04/30/02

Daytime Phone #

813-478-6060

CR2E034B (12/01)