

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91007 034 \*\*\*150.00

**DOCUMENT # P01000080480**

1. Entity Name

**RESTORATION MASTERS OF NORTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~5400 VERNA BLVD., STE. 4~~  
**JACKSONVILLE FL 32220**

~~5400 VERNA BLVD., STE. 4~~  
**JACKSONVILLE FL 32220**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4579 Lenox Ave**

3. Mailing Address

**4579 Lenox Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jax, FL**

City & State

**Jax, FL**

4. FEI Number

**59-3137293**

Applied For

Not Applicable

Zip

**32205**

Country

**USA**

Zip

**32205**

Country

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANGE, ROBERT C**

~~5400 VERNA BLVD., STE. 4~~  
**JACKSONVILLE FL 32220**

Name

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

**4579 Lenox Ave.**

City

**Jax**

FL

Zip Code

**32205**

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)

**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 ☐ Delete  
**D**  
**LANGE, ROBERT C**  
**5400 VERNA BLVD., STE. 4**  
**JACKSONVILLE FL 32220**

TITLE ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete  
**D**  
**HOLLOWAY, JAMES**  
**5400 VERNA BLVD., STE. 4**  
**JACKSONVILLE FL 32220**

TITLE ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete  
**D**  
**LEFEVER, TINA JONES**  
**5400 VERNA BLVD., STE. 4**  
**JACKSONVILLE FL 32220**

TITLE ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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TITLE ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)