

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90359 026 \*\*\*150.00

**DOCUMENT # P01000105550**

**1. Entity Name**  
**EMERGENCY RESTORATION SERVICES, INC.**



**Principal Place of Business**  
**483 COLLINGSWOOD BOULEVARD**  
**PORT CHARLOTTE FL 33954**

**Mailing Address**  
**483 COLLINGSWOOD BOULEVARD**  
**PORT CHARLOTTE FL 33954**



**2. Principal Place of Business**  
**1057 COLLINGSWOOD BLVD**

**3. Mailing Address**  
**1057 COLLINGSWOOD BLVD.**

Suite, Apt. #, etc.  
**UNIT B**

Suite, Apt. #, etc.  
**UNIT B**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**PORT CHARLOTTE, FL**

**City & State**  
**PT CHARLOTTE, FL**

**4. FEI Number**  
**65-1154685**

**Applied For**  
**Not Applicable**

**Zip**  
**33953**

**Country**  
**USA**

**Zip**  
**33953**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**LOIACONO, ROBERTO**  
**483 COLLINGSWOOD BOULEVARD**  
**PORT CHARLOTTE FL 33954**

**7. Name and Address of New Registered Agent**

**Name**  
**ROBERTO LOIACONO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1057 COLLINGSWOOD BLVD.**  
**UNIT B**  
**City**  
**PT CHARLOTTE** **FL** **Zip Code**  
**33953**

**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** *Robert Loiacono*

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

(NOTE: Registered Agent signature required when reinstating)

**4-9-03**

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**

<b>TITLE</b> <b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b> <b>LOIACONO, ROBERTO</b>	
<b>STREET ADDRESS</b> <b>2236 ARNET STREET</b>	
<b>CITY-ST-ZIP</b> <b>PORT CHARLOTTE FL 33984</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> <b>ROBERTO LOIACONO</b>	
<b>STREET ADDRESS</b> <b>2236 ARNET ST.</b>	
<b>CITY-ST-ZIP</b> <b>PT CHARLOTTE, FL 33948</b>	
<b>TITLE</b> <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <b>PAMELA LOIACONO</b>	
<b>STREET ADDRESS</b> <b>2236 ARNET ST.</b>	
<b>CITY-ST-ZIP</b> <b>PT-CHARLOTTE, FL 33948</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Robert Loiacono*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03** **941/255-1911**

Date Daytime Phone #

CR2E034 (10/02)