


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90201 030 \*\*\*150.00

<b>DOCUMENT #</b> P01000118403	
<b>1. Entity Name</b> ABOVE THE BEST RESTORATION, INC.	

<b>Principal Place of Business</b> 7130 SOUTHGATE BLVD. TAMARAC FL 33321	<b>Mailing Address</b> 7130 SOUTHGATE BLVD. TAMARAC FL 33321
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<b>2. Principal Place of Business</b> 4700 N. Hiatus Rd Suite, Apt. #, etc. 152A City & State Sunrise FL Zip 33351 Country USA	<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country
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☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 60-0000315 Applied For Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b> BRYNE, SCOTT 7130 SOUTHGATE BLVD. TAMARAC FL 33321	
<b>7. Name and Address of New Registered Agent</b> Name: Bryne, Scott Street Address (P.O. Box Number is Not Acceptable): 4700 N. Hiatus Rd. 152A City: Sunrise FL Zip Code: 33351	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNE, SCOTT 7130 SOUTHGATE BLVD. TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Byrne, Scott 4700 N. Hiatus Rd. 152A Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:**  **REQUIRED** 4-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)