

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90729 049 \*\*\*150.00

0452674 AV

**DOCUMENT # P02000004785**

1. Entity Name  
**TDK RESTORATION, INC.**



Principal Place of Business  
~~211 W. LAMBRIGHT STREET~~  
**TAMPA FL 33604**  
**4740 Whispering Wind Ave**  
**Tampa**

Mailing Address  
**311 W. LAMBRIGHT STREET**  
**TAMPA FL 33604**



2. Principal Place of Business  
**4740 Whispering Wind Ave**

3. Mailing Address  
←

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Tampa FL**

City & State  
**T**

4. FEI Number  
**26-0014206**

Applied For  
 Not Applicable

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

Zip Country Zip Country

**33614** **FL**

6. Name and Address of Current Registered Agent

~~CORPORATE CREATIONS NETWORK INC.~~  
~~841 FOURTH STREET #200~~  
~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name  
**Tom Knotts**

Street Address (P.O. Box Number is Not Acceptable)  
**4740 Whispering Wind Ave**

City  
**Tampa**

FL Zip Code  
**33614**

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

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
**3/03/03**

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KNOTT, THOMAS</b> <b>311 W. LAMBRIGHT STREET</b> <b>TAMPA FL 33604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/03/03** Daytime Phone #: **813-293-4474**

CR2E034 (10/02)