

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91416 022 ***150.00

DOCUMENT # P02000059495

1. Entity Name
CENTRAL FLORIDA RESTORATION, INC.



Principal Place of Business
**400 N. WYMORE RD., SUITE 110
WINTER PARK FL 32789**

Mailing Address
**400 N. WYMORE RD., SUITE 110
WINTER PARK FL 32789**

55042837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

4. FEI Number
02-0610534

Applied For
Not Applicable

Zip

Country

Zip

Country

32869

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

HUTCHINS, ROBERT J
**400 N. WYMORE RD., SUITE 110
WINTER PARK FL 32789**

Name
JAMES H. COOPER
Street Address (P.O. Box Number is Not Acceptable)
13917 FAIRWAY ISLAND DR, #934
City
ORLANDO FL Zip Code
32837

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

James H. Cooper

(NOTE: Registered Agent signature required when reinstating)

4-24-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HUTCHINS, ROBERT J ☒ Delete
**400 N. WYMORE RD., SUITE 110
WINTER PARK FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER, DIRECTOR ☐ Change ☐ Addition
JAMES H. COOPER
13917 FAIRWAY ISLAND DR, #934
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE: *James H. Cooper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date Daytime Phone #

CR2E034 (10/02)