

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000106155

FILED
Jan 03, 2003
Secretary of State

Entity Name: INSURANCE REPAIR AND RESTORATION, INC.

Current Principal Place of Business:

4934 SKYLINE BLVD
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

4934 SKYLINE BLVD
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 56-2295594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAUFFENBACH, WALTER O
4934 SKYLINE BLVD
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: DAUFFENBACH, WALTER O
Address: 4934 SKYLINE BOULEVARD
City-St-Zip: CAPE CORAL, FL 33914

Title: PVST () Change (X) Addition
Name: DAUFFENBACH, WALTER O
Address: 4934 SKYLINE BOULEVARD
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER O DAUFFENBACH

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01/03/2003

Electronic Signature of Signing Officer or Director

Date