

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0074587 AV

DOCUMENT # P02000124191

1. Entity Name
COM-TECH RESTORATION, INC.



FILED

03 OCT -7 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2150 N.W. 123 AVENUE
PLANTATION FL 33323

Mailing Address
2150 N.W. 123 AVENUE
PLANTATION FL 33323



2. Principal Place of Business
2753 SW 12th St.
Suite, Apt. #, etc.

3. Mailing Address
2753 SW 12th St.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES 03

City & State DEERFIELD BEACH FL **City & State** DEERFIELD BEACH FL **4. FEI Number** 13-4223661 **Applied For** Not Applicable

Zip 33442 **Country** USA **Zip** 33442 **Country** USA **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERRY, PATRICK
2150 N.W. 123 AVENUE
PLANTATION FL 33323

7. Name and Address of New Registered Agent
Name Howlett, Chris E.
Street Address (P.O. Box Number is Not Acceptable) 2753 SW 12th Street
City Deerfield Beach FL **Zip Code** 33442

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 *Chris E. Howlett* **Chris E. Howlett, Pres. 10-3-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BERRY, PATRICK <input checked="" type="checkbox"/> Delete STREET ADDRESS 2150 N.W 123 AVENUE CITY-ST-ZIP PLANTATION FL 33323		TITLE P NAME Howlett, Chris E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2753 SW 12th Street CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE D NAME HOWLETT, CHRIS E <input type="checkbox"/> Delete STREET ADDRESS 2753 S.W. 12 STREET CITY-ST-ZIP DEERFIELD BEACH FL 33442		TITLE V NAME BUCHAKTIAN, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2753 SW 12th Street CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE <input type="checkbox"/> Delete		TITLE S NAME Howlett, Deborah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2753 SW 12th Street CITY-ST-ZIP Deerfield Beach, FL 33442	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		NAME 500023620565 STREET ADDRESS 10/07/03--01057--013 **750.00 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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 like empowered.

SIGNATURE: *Chris E. Howlett* **Chris E. Howlett, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **10-3-03 954-421-3688**
Date Daytime Phone #

CR2E034 (4/03)