

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046692

1. Entity Name

CORROSION RESTORATION TECHNOLOGIES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90018 028 ***150.00

Principal Place of Business

612 N. ORANGE AVE.
 JUPITER FL 33458
 US

Mailing Address

PO BOX 4548
 TEQUESTA FL 33469-1023
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0421663

Applied For

Not Applicable

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

COSTA, JORGE
 4435 RIVER PINES CT.
 TEQUESTA FL 33469

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	COSTA, JORGE	
STREET ADDRESS	4435 RIVER PINES CT.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	RESTLY, MICHAEL W	
STREET ADDRESS	11557 175TH PL. NORTH	
CITY-ST-ZIP	JUPITER FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLOHM, GRANT	
STREET ADDRESS	825 CENTER ST., UNIT 47-B	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPMAN, DAVID	
STREET ADDRESS	237 UPPER MOUNTAIN AVE	
CITY-ST-ZIP	UPPER MONTCLAIR NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2000 5617442258

CR2E034 (9/99)

952302



DO NOT WRITE IN THIS SPACE