

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046692

1. Entity Name

CORROSION RESTORATION TECHNOLOGIES, INC.

Principal Place of Business

612 N. ORANGE AVE.  
JUPITER FL 33458  
US

Mailing Address

PO BOX 4548  
TEQUESTA FL 33469  
US

2. Principal Place of Business

1562 Park Lane South

3. Mailing Address

Suite, Apt. #, etc.

Suite 700

City & State

Jupiter, FL

City & State

Zip

Country

33458

U.S.A.

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)

DATE

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, 2001 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 ☐ Delete  
NAME COSTA, JORGE  
STREET ADDRESS 4435 RIVER PINES CT.  
CITY-ST-ZIP TEQUESTA FL

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

TITLE DVTS ☐ Delete  
NAME RESTLY, MICHAEL W  
STREET ADDRESS 11557 175TH PL. NORTH  
CITY-ST-ZIP JUPITER FL

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

TITLE DV ☐ Delete  
NAME BLOHM, GRANT  
STREET ADDRESS 825 CENTER ST., UNIT 47-B  
CITY-ST-ZIP JUPITER FL

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

TITLE D ☐ Delete  
NAME LIPMAN, DAVID  
STREET ADDRESS 237 UPPER MOUNTAIN AVE  
CITY-ST-ZIP UPPER MONTCLAIR NJ

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

*Michael W Restly*

Michael W Restly

5/01/2001

5617442258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90194 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2034 (10/00)