

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90117 040 \*\*\*150.00

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**DOCUMENT # P93000046692**

**1. Entity Name:**  
**CORROSION RESTORATION TECHNOLOGIES, INC.**



**Principal Place of Business**  
**1562 PARK LANE SOUTH**  
**SUITE 700**  
**JUPITER FL 33458**  
**US**

**Mailing Address**  
**PO BOX 4548**  
**TEQUESTA FL 33469**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**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 **COSTA, JORGE**  
Street Address (P.O. Box Number is Not Acceptable) **1562 PARK LANE SOUTH, SUITE 700**  
City **JUPITER** FL Zip Code **33458**

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

(NOTE: Registered Agent signature required when reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. 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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)