

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90116 002 ***550.00

DOCUMENT # P93000071503

1. Entity Name

PRICELESS RESTORATIONS, INC.

Principal Place of Business

**1901 NW 67TH PLACE
 SUITE G
 GAINESVILLE FL 32653
 US**

Mailing Address

**1901 NW 67TH PLACE
 SUITE G
 GAINESVILLE FL 32653
 US**

2. Principal Place of Business

2417 NW 71st PLACE

3. Mailing Address

2417 NW 71st PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE

4. FEI Number

59-3197479

Applied For

Not Applicable

Zip

Country

32653 USA

Zip

Country

32653 USA

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

**PRICE, DAVID C
 9305 NW 13TH PLACE
 GAINESVILLE FL 32606**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **PMDT**
 STREET ADDRESS **PRICE, DAVID C**
 CITY-ST-ZIP **9305 NW 13 PLACE**
GAINESVILLE FL 32606

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

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **DELOACH, ROY**
 CITY-ST-ZIP **444 NW-28TH AVENUE**
GAINESVILLE FL 32609

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PRICE, DAVID C JR**
 CITY-ST-ZIP **9305 NW 13TH PLACE**
GAINESVILLE FL 32606

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **Price, Stephen E**
 CITY-ST-ZIP **9305 NW 13th PL**
GAINESVILLE FL 32606

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

TITLE ☐ Delete
 NAME **VP, D**
 STREET ADDRESS **PRICE, GWEN O**
 CITY-ST-ZIP **9305 NW 13th PL**
GAINESVILLE FL 32606

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:

David C Price
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/2002 352-375-1129
 Date Daytime Phone #

CR2E034 (4/02)