

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000052452**1. Entity Name:  
**PROFESSIONAL RESTORATION, INC.**Principal Place of Business  
**SUNBEAM RD  
UNIT 19  
JACKSONVILLE FL 32257**

Mailing Address

~~497 EAST MONROE STREET STE 202  
JACKSONVILLE FL 32202~~

2. Principal Place of Business

3. Mailing Address

**5151 Sunbeam Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 19**

City &amp; State

City &amp; State

**Jacksonville, FL**

Zip

Country

Zip

Country

**32257**4. FEI Number **59-3273927**

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

**RAND, BRIAN H  
5151 SUNBEAM RD  
UNIT 19  
JACKSONVILLE FL 32257**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RAND, BRIAN H  
7751 HOLLYRIDGE RD  
JACKSONVILLE FL 32258** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000004524570-  
-08/08/01--01059--03  
\*\*\*\*\*88.75 \*\*\*\*\*88** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 affidavit with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**

Date

**904-636-0025**

Daytime Phone #

FILED

01 JUL 25 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE