2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P95000083363** May 22, 2000 8:00 am Secretary of State FLORIDA RESTORATION CLEANING AND DISASTER SERVIC 05-22-2000 90014 035 ***150.00 Mailing Address Principal Place of Business 4852 WEST GANDY BLVD. 4852 WEST GANDY BLVD. TAMPA FL 33611-3003 TAMPA FL 33611 2. Principal Place of Business 3. Mailing Address 4725 N. 472< N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number 59-3342090 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAKER, KEVIN Street Address (P.O. Box Number is Not Acceptable) 4852 WEST GANDY BLVD. SUITE 248 N. Hespurdes **TAMPA FL 33611** 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Boker, Kovin TITLE ☐ Addition Delete TITLE Hospin Jes St. Tompor FL 33614 Lynch, Andrew Change Addition 4725 N. Hospindes St. Tompor FL 33614 Brogono, Fronk -- D. Change Addition 4725 N. Hospindes St. BAKER, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 4852 WEST GANDY BLVD. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** Delete TITLE TITLE LYNCH, ANDREW NAME NAME 4852 WEST GANDY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** ☐ Delete TITLE BRAGANO, FRANK NAME NAME 4852 WEST GANDY BLVD. STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date