

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089751

1. Entity Name

CERTIFIED RESTORATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90029 024 ***150.00

Principal Place of Business

Mailing Address

6900 49TH ST. N.
PINELLAS PARK FL 33781
US

6900 49TH ST. N.
PINELLAS PARK FL 33781-5733
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343526

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

039527



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, JACK
6900 49TH ST. N.
PINELLAS PARK FL 33781

Name GARY DeCosmo

Street Address (P.O. Box Number is Not Acceptable)

6900 49th ST N

City PINELLAS PARK,

FL

Zip Code 33781

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.

GARY DeCosmo

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/00

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, 2000 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 P ☐ Delete
NAME DECOSMO, JOHN
STREET ADDRESS 6900 49TH ST. N.
CITY-ST-ZIP PINELLAS PARK FL 34665

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

TITLE V ☒ Delete
NAME OWENS, JACK
STREET ADDRESS 6900 49TH ST. N.
CITY-ST-ZIP PINELLAS PARK FL 34665

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

TITLE ST ☐ Delete
NAME DECOSMO, MICHAEL
STREET ADDRESS 6900 49TH ST. N.
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE VICE PRESIDENT / SECRETARY ☒ 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael DeCosmo VP

4/13/00

Date

727-528-4357

Daytime Phone #

CR2E034 (9/99)