

2002 UNIFORM BUSINESS REPORT (UBR)

06:26:2002 90072 046 ***150.00
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DOCUMENT # P96000022988

1. Entity Name

HABITAT RESTORATION, INC.

02 JUL 10 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

393 CENTERPOINTE CIR.
STE 1405
ALTAMONTE SPRINGS FL 32701

Mailing Address

393 CENTERPOINTE CIR.
STE 1405
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1632664

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRADOW, STUART N
393 CENTERPOINTE CIR.
STE 1405
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/21/02

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, 2002 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

TITLE D ☐ Delete
NAME ATKINS, JOHN N
STREET ADDRESS 325 BRANTLEY CLUB PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete
NAME NIELSEN, STEPHEN A
STREET ADDRESS 465 HIDDEN RIDGE DRIVE
CITY-ST-ZIP ENTERPRISE FL

TITLE D ☐ Delete
NAME BRADOW, STUART N
STREET ADDRESS 201 SHERYL DRIVE
CITY-ST-ZIP DELTONA FL

TITLE D ☐ Delete
NAME EXNER, GARY E
STREET ADDRESS 410 LAKE LENELLE DRIVE
CITY-ST-ZIP CHULUOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
300006359013--4
-07/12/02--01056--023
****400.00 ****400.00
☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

John N. Atkins

6/21/02 (407) 260-5951

CREATED (9/01)