

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094795

1. Entity Name

HERITAGE RESTORATION, INC.

Heritage
2143 Lk
Orlando

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90062 032 ***158.75

Principal Place of Business

Mailing Address

1164 JESSAMINE LAKE CT
ORLANDO, FL 32839
US

1164 JESSAMINE LAKE CT
ORLANDO FL 32839-1902
US

Herita
2143
Orlando

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 59-3412412

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

7. Name and Address of New Registered Agent

POOLE, KEVIN W

1164 JESSAMINE LAKE CT
ORLANDO FL 32839

Heritage Restoration, Inc
2143 Lk Debra Drive #1014
Orlando Fla 32835

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 KEVIN POOLE Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/00

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 ☐ Delete
NAME POOLE, KEVIN W
STREET ADDRESS 1164 JESSAMINE LAKE CT
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME Heritage Restoration, Inc
STREET ADDRESS 2143 Lk Debra Drive #1014
CITY-ST-ZIP Orlando Fla 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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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

Date

Daytime Phone #

KEVIN POOLE Pres. 1/28/00 407-832-5073

CR20014 (1/99)