

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097881

1. Entity Name

RESTORED ASSET SALES & LEASING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90124 012 ***158.75

Principal Place of Business

Mailing Address

7027 W. BROWARD BLVD
SUITE 257
PLANTATION FL
33317 US

7027 W. BROWARD BLVD.
257
PLANTATION FL
33317 US

2. Principal Place of Business

1319 KATE ST.
Suite, Apt. #, etc.

3. Mailing Address

1319 KATE ST.
Suite, Apt. #, etc.

652216

DO NOT WRITE IN THIS SPACE

City & State

NEWBERRY SC
Zip 29108 Country US

City & State

NEWBERRY SC
Zip 29108 Country US

4. FEI Number

65-0711541

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A. BRUCE CLAMP
7027 W. BROWARD BLVD #257
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

6755 W. BROWARD BLVD #306-A

City

PLANTATION

FL

Zip Code

33317

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

A. Bruce Clamp, Sec.

4-24-00

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAMP, KEVIN B.	
STREET ADDRESS	1313 KATE ST	
CITY-STATE-ZIP	NEWBERRY SC 29108	
TITLE	VP ST	<input type="checkbox"/> Delete
NAME	CLAMP, A. BRUCE	
STREET ADDRESS	7027 W. BROWARD BLVD. #257	
CITY-STATE-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P VP ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAMP, A. BRUCE	
STREET ADDRESS	6755 W. BROWARD BLVD. #306-A	
CITY-STATE-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

A. Bruce Clamp, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

DATE

954-401-1431

Daytime Phone #

CR2E034 (9/99)