

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 024 ***158.75

DOCUMENT # P97000045430

1. Entity Name

FEDERAL RESTORATIONS GROUP INC

Principal Place of Business

2508 NW BOCA RATON BLVD.
BOCA RATON FL 33431

Mailing Address

2508 NW BOCA RATON BLVD.
BOCA RATON FL 33431-6608

2. Principal Place of Business

3601 N. Dixie Hiway

Suite, Apt. #, etc.

Bay 3

City & State

BOCA RATON

Zip

FL

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33431

Country

PALM BEACH

4. FEI Number

65-0765834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

102398



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, L.R.
2508 NW BOCA RATON BLVD.
BOCA RATON FL 33431

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	C/T	<input type="checkbox"/> Delete
NAME	THOMPSON, L.R.	
STREET ADDRESS	2508 NW BOCA RATON BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	POKORNY, JUNE	
STREET ADDRESS	2508 NW BOCA RATON BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH POKORNY	
STREET ADDRESS	3601 N. DIXIE HWY	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000 561-362-0218

DATE Daytime Phone #

CPRE001 (0/00)