

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045430

1. Entity Name

FEDERAL RESTORATIONS GROUP INC

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90208 024 \*\*\*158.75

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

102398



DO NOT WRITE IN THIS SPACE

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

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 ☐ Delete  
NAME THOMPSON, L.R.  
STREET ADDRESS 2508 NW BOCA RATON BLVD.  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE P ☐ Delete  
NAME POKORNY, JUNE  
STREET ADDRESS 2508 NW BOCA RATON BLVD.  
CITY-ST-ZIP BOCA RATON FL 33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME RALPH POKORNY  
STREET ADDRESS 3601 N. DIXIE HWY  
CITY-ST-ZIP BOCA RATON, FL 33431

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  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000 561-362-0218

Date

Daytime Phone #

CD05024 10/00