

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90411 010 \*\*\*150.00

UNIFORM BUSINESS REPORT

**DOCUMENT # P97000076731**

1. Entity Name

**ACTION RESTORATION, INC.**



Principal Place of Business

**5491 NW 15TH STREET  
SUITE 30  
MARGATE FL 33063  
US**

Mailing Address

**5491 NW 15TH STREET  
SUITE 30  
MARGATE FL 33063  
US**

2. Principal Place of Business

**2649 NE 15th Avenue**

3. Mailing Address

**2649 NE 15th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Pompano Beach FL**

City & State

**Pompano Beach FL**

4. FEI Number

**65-0778884**

Applied For

Not Applicable

Zip

Country

**33064**

Zip

Country

**33064**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT S FORMAN, ESQUIRE  
2101 W COMMERCIAL BLVD  
SUITE 4100  
FT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
GUZMAN, DAVID  
5491 NW 15TH STREET, SUITE 30  
MARGATE FL 33063**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2649 NE 15th Avenue  
Pompano Beach FL 33064**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E034 (10/02)