

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **9980000014897**

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90073 023 ***158.75

1. Entity Name
FRONTIER RESTORATION CORPORATION

A0067299

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

7109 ROTHCHILD CT.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32835

Country

USA

3. Mailing Address

4630 S. KIRKMAN RD

Suite, Apt. #, etc.

SUITE 406

City & State

ORLANDO FLORIDA

Zip

32811

Country

USA

4. FEI Number

59-3493250

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **NATHAN A. CHAMBERS**

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

7109 ROTHCHILD CT
ORLANDO FL

City

FL

Zip Code

32835

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

6/26/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
PADMINI E. NARAIN-CHAMBERS
7109 ROTHCHILD COURT
ORLANDO FL 32835

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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 #

CR2E034 (9/99)

P98000014897

A0067299

July 1st, 2000

Uniform Business Report (UBR)

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32303-1500

Re: Frontier Restoration Corporation UBR Form-incompleted

To Whom It May Concern:

Please find enclosed my application for renewal of my business. There was a signature missing. I hope it is completed correctly now.

Please expedite this renewal process.

Sincerely,

Nathan A. Chambers