

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000063965**

1. Entity Name

#253 RESTORATION PROJECT, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90070 027 ***158.75

0275004

Principal Place of Business

4920 SW 167TH AVENUE
FT. LAUDERDALE FL 33331

Mailing Address

4920 SW 167TH AVENUE
FT. LAUDERDALE FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0867547**

Applied For

Not Applicable

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

HELLER CAPITAL, INC.
308 NW 101 TERRACE
CORAL SPRINGS FL 33071

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **SPECKELMEIER, STEVE**
STREET ADDRESS **4920 SW 167TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33331**TITLE **VP** ☐ Delete
NAME **BATES, ROBERT**
STREET ADDRESS **106 E BEVERLY RD**
CITY-ST-ZIP **JUPITER FL 33458**TITLE **ST** ☐ Delete
NAME **SPRECKELMEYER, REBECCA**
STREET ADDRESS **4920 SW 167TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33331**TITLE **ED** ☐ Delete
NAME **HARPER, ALLEN C**
STREET ADDRESS **1360 SOUTH DIXIE HWY**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE **D** ☐ Delete
NAME **ROBICHAUX, ALFRED G**
STREET ADDRESS **401 BRINY AVE. #402**
CITY-ST-ZIP **POMPANO BEACH FL 33062**TITLE **S** ☒ Delete
NAME **SNIDER, JOHN**
STREET ADDRESS **11417 SW 81ST RD**
CITY-ST-ZIP **MIAMI FL 33156**TITLE **D** ☐ Change ☒ Addition
NAME **JAY WATLEY**
STREET ADDRESS **4920 S.W. 167TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33331**TITLE **ST** ☐ Change ☒ Addition
NAME **REBECCA SPRECKELMEIER**
STREET ADDRESS **4920 S.W. 167TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33331**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Steve L. Speckelmeier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE L. SPECKELMEIER 4-25-01

Date

954) 680-1686 Daytime Phone #

CR2E034 (10/00)