

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080203

1. Entity Name

U S A EMERGENCY RESTORATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90032 034 ***158.75

Principal Place of Business 7681 N.W. 53ST FT LAUDERDALE FL 33251	Mailing Address 7681 N.W. 53ST FT LAUDERDALE FL 33251
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2. Principal Place of Business 7681 NW 53 ST Suite, Apt. #, etc. LAUDERHILL City & State FL Zip 33351 Country BROWARD	3. Mailing Address 7681 NW 53 ST Suite, Apt. #, etc. LAUDERHILL City & State LAUDERHILL Zip 33351 Country BROWARD
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DO NOT WRITE IN THIS SPACE

4. FEI Number 23-5028683	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINN, GREG 2609 CENTER AVE FT LAUDERDALE FL 33309	
7. Name and Address of New Registered Agent Name QUINN GREG Street Address (P.O. Box Number is Not Acceptable) 7681 NW 53 ST City LAUDERHILL FL Zip Code 33351	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINN, GREG A 7681 N.W. 53ST LAUDERHILL FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: GREG QUINN 4-30-00 954-572-8925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)