## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98 00 0 106 5 8 1

1. Entity Name

RESTORATION DEPOT, INC.

SIGNATURE:



## May 01, 2003 8:00 am Secretary of State 05-01-2003 90414 023 \*\*\*150.00

|  |  |  | V  | WE IS  |  |  |
|--|--|--|--|--|--|--|
|  | DO NOT WRIT  | E IN THIS S  | SPAC                                     | Έ  |  |  |
| Principal Place of Business     3. Mailing Address   |  |  |  |  |  |  |
|  |  | 1223 E Con   | manah                                    | o. Ave   |  |  |
|  | 8th Ave.   | <del></del>  | mancin                                   | EAVE   | DO NOT WRITE IN THIS CRASE   |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |  |  | DO NOT WRITE IN THIS SPACE   |  |
| City & State   |  | City & State   |  |  | 4. FEI Number . Applied For  |  |
| Wauchu   |  | 1  |  |  | 59 - 3553 764 Not Applicable   |  |
| Zip  | Country  | Tampa, F1  | Orida.<br>Cour                           | otry   | \$9.75   |  |
| 33873 USA  |  | 33604  |  |  | 5. Certificate of Status Desired Fee Required  |  |
| 33073  |  |  |  | <del>,                                     </del>  | 7. Name and Address of Current Registered Agent —  |  |
|  | Section (1971) The section (1971)  |  |  | Name   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |  |
| DO NOT WRITE   |  |  | yla dağı ile kalı<br>Sasaya ile ile kalı | -KATHLEEN A. 1006H   |  |  |
| UU NULIVALIE   |  |  |  | Street Address (   | P.O. Box Number-is-Not Acceptable) —   |  |
|  | IN THIS S  | DACE   | anena ja kingga<br>Manaka 7 terap        |  | LAKENIEW DR  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | City   | Production of the code of the  |  |
| exercises of the second  | The second of th | to the second of | Wells of State                           | <u> </u>   | BERRY F- 33860   |  |
|  |  | for the purpose of changing  | g its register                           | ed office or register  | red agent, or both, in the State of Florida. I am familiar with, and accept  |  |
| the obligati   | ons of registered agent.   |  |  |  |  |  |
| · _  | 1  | 1-   | · ·                                      | · · · ·  | 1/20/23  |  |
| SIGNATURE _  | Signature, typed or printed name of registered age   | ent and title if applicable  | NOTE: Segistere                          | d Agent signature required   | 1008H 428 03   |  |
|  | uary 1 - May 1 Fee is \$150.00   | <u> </u>   |  |  | , and a second s |  |
|  | After May 1, Fee is \$550.00   |  |  |  | 9. Election Campaign Financing \$5.00 May Be   |  |
| 34   | Amended UBR is \$61.25   |  |  |  | Trust Fund Contribution.   Added to Fees   |  |
| and the second s | Payable to Florida Department  | (PER)(EN)(PER)(EN)(EN)   |  |  |  |  |
| 10.  |  | D DIRECTORS  | 2000                                     | Productive (NOV 2012) I Shake  |  |  |
| TITLE =:   | THEETOR<br>KATHLEEN A. TOW<br>175 LAKEVIEW D   | ~ .1   | TITL                                     | E  |  |  |
| NAME   | KHIHILEEN K. 100   |  | NAN                                      | E  |  |  |
| STREET ADDRESS   |  |  | <b>可能是这个</b>                             | ET ADDRESS   |  |  |
| CITY-ST-ZIP  | MULBERRY FL 338  | 60   | СПУ                                      | -ST-ZIP  |  |  |
| TITLE  |  | <del></del> -  | ¥111L                                    | E.Proposition of the Residence   |  |  |
| NAME   | •  |  | NAM                                      | IE:  |  |  |
| STREET ADDRESS   |  |  | STRI                                     | ET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY                                     | -ST-ZIP  |  |  |
| TITLE"   |  |  | Titl                                     |  |  |  |
| NAME   |  | <u></u>  | - NAM                                    | and the last | Company of the Compan |  |
| STREET ADDRESS   |  | •  | 377.79                                   | ET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  |  | -ST-ZIP  | DO NOT WRITE   |  |
| TITLE  | <del></del>  |  | TITL                                     |  |  |  |
| NAME   |  |  | NAM                                      | <b>的现在分词的</b>  | IN THIS SPACE  |  |
| STREET ADDRESS   |  |  | At New Yorkships At                      | ET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | 是"一" 美元·                                 | -ST-ZIP  |  |  |
| ———— <u> </u>  |  | <del></del>  | 1, 177, 188, 188, 177, 177, 188, 188, 18 | is describe resultation (stage) (finding their Times).<br>Literature consideration of the contrast tensors.  |  |  |
| TITLE  |  |  | NTITU<br>H. AND N                        | 多期的"中国"中国"中国"中国的   |  |  |
| NAME<br>CTREET ADDRESS   |  |  | NAM                                      | 空气炉 网络人名 特學 医眼心囊炎  | grand of the first of the state |  |
| STREET ADDRESS   |  |  | 1200                                     | ET ADDRESS   |  |  |
| CITY-ST-ZIP  | <del></del>  | <del></del>  | CITY<br>AC-NO                            | ST-ZIP   |  |  |
| TITLE  |  |  | TITL!                                    |  |  |  |
| NAME   |  |  | NAM                                      | E racing the or production to  |  |  |
| STREET ADDRESS   |  |  | Many to although                         | ET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY                                     | -ST-ZIP  |  |  |
| 12. I hereby ce  | ertify that the information supplied w   | ith this filing does not qualify   | for the exe                              | mption stated in Se  | ection 119.07(3)(i), Florida Statutes. I further certify that the information  |  |
| indicated o  | on this report or supplemental report  | is true and accurate and the   | at my signat                             | ture shall have the s  | same legal effect as if made under oath; that I am an officer or director  |  |