## FILED Aug 22, 2000 8:00 am

ALLIED RESTORATION CORPORATION					08-22-2000 90222 0			
Principal Place of Business 2215 S. 3RD ST STE. 101 JACKSONVILLE BEACH FL 32250		Mailing Address 2215 S. 3RD ST., STE, 101 JACKSONVILLE BEACH FL 32250			DOD80466	1/82 11881 1 <b>/8/3 8</b> /1/	O) O411 1806	
	ace of Business South 3 Street	3. Mailing Address 3948 South 3 Street						
Suite, Apt. #, etc. # 3 <b>7.2</b>		Suite, Apt. #, etc. # 3 <b>2 2</b>			DO NOT WRITE IN THIS	SPACE		
City & State Jacksonville Beach		City & State Jacksonville Beach		4.	59-3552797	Not	olied For Applicable	
32250	Country USA	<sup>Zip</sup> 32250	Country US A		Certificate of Status Desired	ree nadulled		
-	nt Registered Agent	Name	7. Name and Address of New Registered Agent.					
BUSCHMAN, ALBERT E JR 2215 S. 3RD ST., STE. 101 JACKSONVILLE BEACH FL 32250				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 it	ts registered office or	registered ag		<u>'  </u>		
SIGNATURE _	Signature, typed or printed name of registered age	int and title if applicable. (NO	OTE. Registered Agent signate	ire required when re	einstating) 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 After SEPTEMBER 13, 2000 Make Check Payable to D			13, 2000 Min. will	be \$750.00 t of State	Election Campaign Financing     Trust Fund Contribution.	Added t		
11.	OFFICERS AN	ID DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete TITI POMERANTZ, LINDA G 626 MARSH LANDING PKWY., STE. 214 PONTE VEDRA BEACH FL 32082			3945	Sonville Beach, FC	及Change 322 3225		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doug 3948	3 5. 3145treet #3		Addition	
TITLENAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 Hich 394	retary nelle-Othmes & S. 3rd Street & Sonville Beach F	□ Change #322 2.3225	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated	certify that the information supplied w on this report or supplemental repor	vith this filing does not qualify t	for the exemption sta t my signature shall h	ted in Section ave the same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I	rtify that the inf am an officer o	formation or director	

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900001165

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my changed, or on an attachment with an address, with all other like empowered.