

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001319

1. Entity Name

RESTORATIVE DRYING SYSTEMS, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90068 027 ***150.00

Principal Place of Business

Mailing Address

5703 RED BUG LAKE ROAD #151
WINTER SPRINGS FL 32708

5703 RED BUG LAKE ROAD #151
WINTER SPRINGS FL 32708-4969

80015424



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-354 8822

Applied For

Not Applied

Zip

Country

Zip

Country

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

ARCHER, GEORGE K
5703 RED BUG LAKE ROAD #151
WINTER SPRINGS FL 32708

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, 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

TITLE: President
NAME: George K Archer
STREET ADDRESS: 5703 Red Bug Lake Rd #151
CITY-ST-ZIP: Winter Springs, FL 32708

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME: ☐ Change ☐ Add
STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add

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STREET ADDRESS: ☐ Change ☐ Add
CITY-ST-ZIP: ☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: George K. Archer - President 2-1-00 407-695-944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #