2000 UNIFORM BUSINESS REPORT (UBR)

4/26/00

DOCUMENT # P99000004897

1. Entity Name
Restoration Services of N.E. Florida, Inc

FILED
00 APR 26 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00039919

Principal Place of Business	Mailing Address
4226 magnolia Rd ORange Park, FL 32065 U.S.	4226 magnolia Rd ORange Park, FL U.S. 32065
2. Principal Place of Business: 3319 Waller St.	3. Mailing Address: 3319 Waller St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Florida	City & State: Jacksonville Florida
Zip: 32254 Country: U.S	Zip: 32254 Country: U.S.

DO NOT WRITE IN THIS SPACE
4/26/00 90040/039 $150.00

4. FEI Number 59-355-3220 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Schroeer, Bart, J.
4226 magnolia Rd
ORange Park FL. 32065

7. Name and Address of New Registered Agent
Name Schroeer, Bart, J.
Street Address (P.O. Box Number is Not Acceptable)
3319 Waller St.
City Jacksonville FL Zip Code 32254

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] Bart J. Schroeer 4/19/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Schroeer, Bart, J. 3319 Waller St. Jacksonville Fl. 32254 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] Bart J. Schroeer 4/19/2000 (904) 389-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/1