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02 OCT 25 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004897

1. Entity Name

Restoration Services of N.E. Florida, INC.

DO NOT WRITE IN THIS SPACE

000008581750
10/25/02--01008--020 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3319 Waller Street	3319 Walker Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32254 County: Duval	Zip: 32254 County:

4. FEI Number: 59-3553220 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bart Schroeer

Street Address (P.O. Box Number is Not Acceptable): 3319 Waller Street

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 _____ DATE

(Signature, type or printed name of registered agent and date required. NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1st - May 1, Fee is $150.00
After May 1st, Fee is $300.00
Amended UBR is $61.25
Make Check Payable to Secretary of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Bart Schroeer
STREET ADDRESS	3319 Waller St.
CITY-ST-ZIP	Jacksonville, FL 32254
TITLE	
NAME	
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CR2E034B (12/01)

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

SIGNATURE: _____ 10-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF AN OFFICER OR DIRECTOR — Date — Original Report

Restoration Services of N.E. Florida Inc.

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam,

We are Sending you this letter to inform you we never received our Uniform Business Report for 2002. At this time Im Sending a check for 150.00 hopeing you will Waive the reinstatment fee. We are very Sorry for this matter. Thank you for your help.

Sincerely,

Bart Sch