## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000007849

Entity Name: FLORIDA BUSINESS RESCUERS, INC.

FILED Oct 24, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

721 NW 27TH AVE

FORT LAUDERDALE, FL 33311

**Current Mailing Address: New Mailing Address:** 

7887 GOLF CIRCLE DR.. 6240 NW 18TH PL FORT LAUDERDALE, FL 33313 M103

MARGATE, FL 33063

FEI Number: 65-0898889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DAVIS, ROY H DAVIS, ROY H

4107 S.W. 1ST CT. 7887 GOLF CIRCLE DR.. PLANTATION, FL 33317 US M103

MARGATE, FL 33063 US

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: ROY H. DAVIS 10/24/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

DAVIS, ROY DAVIS, ROY Name: Name:

6240 NW 18TH PL 7887 GOLF CIRCLE DR. Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip: MARGATE, FL 33063

Title: Title: (X) Change ( ) Addition ( ) Delete

Name: ALICEA, GLORIA Name: ALICEA, GLORIA

6240 NW 18TH PL Address: 7887 GOLF CIRCLE DR. M103 Address: FORT LAUDERDALE, FL 33313 MARGATE, FL 33063 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY H. DAVIS **PRES** 10/24/2004