

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000038115**

1. Entity Name

DUNEDIN RESTORATION SERVICES, INC.**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90058 024 ***150.00

Principal Place of Business

**1369 LOTUS DRIVE NORTH
DUNEDIN FL 34698**

Mailing Address

**1369 LOTUS DRIVE NORTH
DUNEDIN FL 34698**

0411160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1923 Fairway Circle East

Suite, Apt. #, etc.

3. Mailing Address

1923 Fairway Circle east

Suite, Apt. #, etc.

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3572976

Applied For

Not Applicable

Zip

Country

34098**Pinellas**

Zip

Country

34698**Pinellas**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

**SEWART, TYLER D
1369 LOTUS DRIVE NORTH
DUNEDIN FL 34698**

Name

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

1923 Fairway Circle East

City

Dunedin**FL**Zip Code
34698

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, 2001 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
**PD
SEWART, TYLER D
1369 LOTUS DRIVE NORTH
DUNEDIN FL 34698** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1923 Fairway Circle East
Dunedin, FL 34698** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
SEWART, JUDITH E
1369 LOTUS DRIVE NORTH
DUNEDIN FL 34698** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1923 Fairway Circle east
Dunedin, FL 34698** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)