

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90083 038 ***150.00

DOCUMENT # P99000038115

1. Entity Name
DUNEDIN RESTORATION SERVICES, INC.



Principal Place of Business
**1923 FAIRWAY CIRCLE EAST
DUNEDIN FL 34698**

Mailing Address
**1923 FAIRWAY CIRCLE EAST
DUNEDIN FL 34698**



2. Principal Place of Business
**1271 San Christopher Dr.
Dunedin, FL 34698**

3. Mailing Address
**1271 San Christopher Dr.
Dunedin, FL 34698**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Dunedin, FL.

City & State
Dunedin, FL.

4. FEI Number
59-3572976

Applied For
Not Applicable

Zip
34698

Country
Pinellas

Zip
34698

Country
Pinellas

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

6. Name and Address of Current Registered Agent

**SEWART, TYLER D
1923 FAIRWAY CIRCLE EAST
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00 .
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
SEWART, TYLER D
STREET ADDRESS
1923 FAIRWAY CIRCLE EAST
CITY-ST-ZIP
DUNEDIN FL 34698

TITLE
VPST ☐ Delete
NAME
SEWART, JUDITH E
STREET ADDRESS
1923 FAIRWAY CIRCLE EAST
CITY-ST-ZIP
DUNEDIN FL 34698

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**1271 San Christopher Dr.
Dunedin, FL 34698**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**1271 San Christopher Dr.
Dunedin, FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

1-8-03

727-734-3756

Date

Daytime Phone #

CR2E034 (10/02)