2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067943

1. Entity Name
JACKSONVILLE RESTORATION & PRESERVATION SERVICES

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90450 014 ***150.00

Principal Place of Business	Mailing Address
5400-8 VERNA BLVD JACKSONVILLE FL 32205	5400-8 VERNA BLVD JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5400 Verna Blvd	5400 Verna Blvd
Suite, Apt. #, etc. Suite #4	Suite, Apt. #, etc. Suite #4
City & State Jax, FL	City & State Jax, Fl
Zip 32205 / Country Duval	Zip 32205 / Country Duval

4. FEI Number 59-3606193 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANGE, JOANN
4579 LENOX AVENUE
JACKSONVILLE FL 32205

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.

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	D MANGE, JOANN 4579 LENOX AVENUE JACKSONVILLE FL 32205 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5400-4 Verna Blvd Jax, Fl 32205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAIG, CAROL R 4579 LENOX AVENUE JACKSONVILLE FL 32205 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4/25/01 904-780-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #