

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082598

1. Entity Name

AUTHORIZED CLEANING & RESTORATION, INC.

Principal Place of Business

5697 SARA AVENUE #4  
SARASOTA FL 34233

Mailing Address

5697 SARA AVENUE #4  
SARASOTA FL 34233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0948894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L  
5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **D** ☐ Delete  
NAME **WHITTINGTON, BRENDA**  
STREET ADDRESS **5697 SARA AVENUE #4**  
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 #

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90015 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

99100032598

ADD 9443

July 18, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O.Box 1500  
Tallahassee, FL 32302-150

To Whom It May Concern:

Enclosed is our 2000 Uniform Business Report with a check for \$150.00. We have never received our first notice. A representative from your office contacted us 3 weeks ago confirming our address which you had wrong in the computer. An address in Bradenton, FL was on file by mistake. After talking with Randy T. he advised us to send a check for the original \$150.00 along with a letter of explanation. Thank you for your attention to this matter and if further assistance is needed please contact us at 941-926-7392.

Sincerely,

A handwritten signature in cursive script, reading "Brenda Whittington", followed by a horizontal line.

Brenda Whittington