

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90115 019 ***150.00

DOCUMENT # 175806

1. Entity Name
PANELFOLD, INC.



Principal Place of Business
**10700 N.W. 96TH AVENUE
MIAMI FL 33167**

Mailing Address
**PO BOX 680130
MIAMI FL 33168
US**

10043036



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0701401**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	DIXON, GUY, E	
STREET ADDRESS	16 SNRSE CAY DR OCN REEF	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIXON, GUY, E, III	
STREET ADDRESS	6911 MAIN ST. APT. 126	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIXON, THOMAS M	
STREET ADDRESS	3114 S.W. 24 ST.	
CITY-ST-ZIP	POMBROOKE PARK FL 33009	
TITLE	S	<input type="checkbox"/> Delete
NAME	GEYER, ELIZABETH, D	
STREET ADDRESS	14725 BALGOWAN ROAD #204	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GEYER, RUSSELL, I, JR	
STREET ADDRESS	14725 BALGOWAN ROAD #204	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	GWINN, JAMES T	
STREET ADDRESS	6831 W LONGBOW BOND	
CITY-ST-ZIP	DAVIE FL 33331	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	250-174 th Street #2004	
CITY-ST-ZIP	Sunny Isles Beach FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	955 SW 117 th Way	
CITY-ST-ZIP	DAVIE FL 33325	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-03

305 894 2233

Date

Daytime Phone #

CR2E034 (10/02)