

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90004 009 ***150.00

0314825

DOCUMENT # F93557

1. Entity Name

PAUL SHEIMAN, INC.

Principal Place of Business

**120 SOUTH CONGRESS AVE.
 DELRAY BCH FL 33445-4642**

Mailing Address

**120 SOUTH CONGRESS AVE.
 DELRAY BCH FL 33445-4642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2217170**

Applied For

Not Applicable

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

**SHEIMAN, PAUL L
 9217B BOCA GARDENS CIR. SO.
 BOCA RATON FL 33496**

Name **SHEIMAN, PAUL L.**

Street Address (P.O. Box Number is Not Acceptable)
11339 YELLOW LEGS LANDING

City **LAKE WORTH**

FL

Zip Code **33467**

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 ☐ Delete
 NAME **PT**
 STREET ADDRESS **SHEIMAN, PAUL L**
 CITY-ST-ZIP **9217 B BOCA GARDENS CIR. SO.
 BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition
 NAME **11339 YELLOW LEGS LANDING**
 STREET ADDRESS **LAKE WORTH, FL 33467**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **SHEIMAN, GAIL S**
 CITY-ST-ZIP **9217 B BOCA GARDENS CIR. SO.
 BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition
 NAME **11339 YELLOW LEGS LANDING**
 STREET ADDRESS **LAKE WORTH, FL 33467**
 CITY-ST-ZIP

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 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: Paul Sheiman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 1561276-7283
 Date Daytime Phone #

CR2E034 (10/00)