2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90107 050 ***150.00

DOCUMENT # H25740

1. Entity Name
ARMAND SHUTTERS, INC.

Principal Place of Business	Mailing Address
6507 S DIXIE HWY WEST PALM BEACH FL 33405 US	PO BOX 056477 WEST PALM BEACH FL 33405-7447 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
250 Bradley PL		250 Bradley Place	
Suite, Apt. #, etc. 407		Suite, Apt. #, etc. 407	
City & State Palm Beach FL		City & State Palm Beach, FL	
Zip 33480	Country Palm Beach	Zip 33480	Country Palm Beach

4. FEI Number 59-2445726 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

OCHSTEIN, HAROLD
6507 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405

7. **Name and Address of New Registered Agent**

Name Ochstein, Harold
Street Address (P.O. Box Number is Not Acceptable) 250 Bradley Pl 407
City Palm Beach FL Zip Code 33480

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] President 1-6-03
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 NAME STREET ADDRESS CITY-ST-ZIP	P OCHSTEIN, HAROLD ~~630 NE 8TH AVE~~ ~~BOYNTON BEACH FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ochstein 250 Bradley PL 407 Palm Beach FL 33480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)