

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90032 037 ***150.00

DOCUMENT # J43595

1. Entity Name

PALM BEACH RESURFACING ARTISTS, INC.

Principal Place of Business

**720 LIGHTHOUSE DR.
 NORTH PALM BCH FL 33408**

Mailing Address

**720 LIGHTHOUSE DR.
 NORTH PALM BCH FL 33408**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MATHIEU, TED J.
 720 LIGHTHOUSE DR.
 NORTH PALM BCH FL 33408**

8. The above named entity submits this statement for the

SIGNATURE

Signature, typed or printed name of registered agent and title

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MATHIEU, TED J.	
STREET ADDRESS	720 LIGHTHOUSE DR.	
CITY-ST-ZIP	NORTH PALM BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATHIEU, TED J. (JR.)	
STREET ADDRESS	2543 INISBROOK WAY	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MATHIEU, MARJORIE	
STREET ADDRESS	720 LIGHTHOUSE DR	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHIEU, WILLIAM	
STREET ADDRESS	720 LIGHTHOUSE DR	
CITY-ST-ZIP	N PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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 type="checkbox"/> Change <input type="checkbox"/> 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 #

*TED,
 Pls sign.
 I'll pick up
 later this week
 It's to renew
 Corp. papers.
 L.*

59-2744042

Applied For

Not Applicable

Status Desired ☐

\$8.75 Additional Fee Required

Address of New Registered Agent

Not Acceptable)

FL

Zip Code

the State of Florida.

DATE

Campaign Financing and Contribution. ☐

\$5.00 May Be Added to Fees

CR2E034 (10/00)