

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90103 042 ***150.00

DOCUMENT # K83414

1. Entity Name
PYRAMID FORM CARPENTRY, INC.

Principal Place of Business
~~1832 PIERCE DR~~ **1122 N Fed. Hwy**
~~LAKE WORTH FL 33460~~
~~US~~ **Lake Worth, Fl. 33460** **US**

Mailing Address
P.O. BOX 849
LAKE WORTH FL 33460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1102 N Fed. Hwy
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 849
 Suite, Apt. #, etc.

City & State
Lake Worth, Fl.

City & State
Lake Worth, Fl.

4. FEI Number
65-0122648

Applied For
☐ **Not Applicable**

Zip **Fl. 33460** **Country** **Palm Beach**
Zip **33460** **Country** **Palm Beach**

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

SIEGMANN, KIRSTEN
~~1832 PIERCE DR~~ **1122 N Fed. Hwy**
LAKE WORTH FL 33460

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 *K Siegmann* **04/23/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** **President** ☐ **Delete**
NAME ~~SIEGMANN, WILHELM~~ **Siegmann, Juergen**
STREET ADDRESS **P.O BOX 849**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **NONE** ☐ **Delete**
NAME **SIEGMANN, KIRSTEN**
STREET ADDRESS **1832 PIERCE DRIVE** **1122 N Fed. Hwy**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE ☐ **Delete**
NAME **Helms Juergen**
STREET ADDRESS **1122 N Fed. Hwy**
CITY-ST-ZIP **Lake Worth, Fl. 33460**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
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: *K Siegmann*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02
 Date

Daytime Phone #

CR2E034 (9/01)