

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # K83414

1. Entity Name
PYRAMID FORM CARPENTRY, INC.



03-21-2003 90233 001 ***150.00
03-21-2003 90233 002 *****8.75

Principal Place of Business
**1102 N FED HWY
LAKE WORTH FL 33460
US**

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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1122 N. Fed. Hwy
Suite, Apt. #, etc.

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

City & State
Lake Worth, Florida
Zip
33460
Country
Palm Beach

City & State
Lake Worth, Florida
Zip
33460
Country
Palm Beach

4. FEI Number **65-0122648**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGMANN, WILHELM
1122 N FED HWY
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **SIEGMANN, JUERGEN**
Street Address (P.O. Box Number is Not Acceptable)
1122 N. Fed. Hwy
City **LAKE WORTH** FL Zip Code **33460**

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

3/18/03

(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

TITLE	0	<input checked="" type="checkbox"/> Delete
NAME	SIEGMANN, KIRSTEN	
STREET ADDRESS	1832 PIERCE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	0	<input type="checkbox"/> Delete
NAME	SIEGMANN, JUERGEN	
STREET ADDRESS	1832 PIERCE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JUERGEN, HELMS	
STREET ADDRESS	1122 N FED HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOWERS, KIRSTEN	
STREET ADDRESS	1122 N. Fed. Hwy	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGMANN, JUERGEN	
STREET ADDRESS	1122 N. Fed. Hwy	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

585-1970

Daytime Phone #

CR2E034 (10/02)