

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M83819**

1. Entity Name

PANHANDLE ARCHITECTURAL PRODUCTS, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90309 025 ***150.00

Principal Place of Business

**44 MADISON ST. APT 2
P.O. BOX 125
CHATTAHOOCHEE FL 32324
US**

Mailing Address

**44 MADISON ST. APT 2
P.O. BOX 125
CHATTAHOOCHEE FL 32324
US**

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

59-2892837

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****PARSONS, STEWART E.
119 E. WASHINGTON ST.
CHATTAHOOCHEE FL 32324**

Name

Thomas J. Volz

Street Address (P.O. Box Number is Not Acceptable)

44 Madison St., Apt. 2

City

Chattahoochee**FL**Zip Code
32324

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

Thomas J. Volz, Vice President**1/31/01**

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D VOLZ, THOMAS J. 44-46 MADISON STREET CHATTAHOOCHEE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MCELROY, PAUL 708 N. RIDGE WEST HELENA AR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

1/31/01

Daytime Phone #

(850) 663-2613

CP2E034 (10/00)