

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90022 020 ***150.00

DOCUMENT # P00000026076

1. Entity Name
PATRICK VALCHANT INTERIORS, INC.

Principal Place of Business

Mailing Address

**532 EBBTIDE DRIVE
 N. PALM BEACH FL 33408**

**532 EBBTIDE DRIVE
 N. PALM BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

2136 NE 63 COURT

2136 NE 63 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33308

USA

33308

USA

4. FEI Number

65-0990391

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

**SOMMER, HARVEY D
 3450 NORTHLAKE BLVD., SUITE 105
 PALM BEACH GARDENS FL 33403**

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

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, 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

TITLE **PD** ☒ Delete
 NAME **VALCHANT, PATRICK**
 STREET ADDRESS **532 EBBTIDE DRIVE**
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **PD** ☒ Change ☐ Addition
 NAME **VALCHANT, PATRICK**
 STREET ADDRESS **2136 NE 63 COURT**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Patrick A. Valchant

PATRICK A. VALCHANT

2/27/01

954) 202-6252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)