

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
 03-02-2001 90107 042 \*\*\*150.00

**DOCUMENT # P00000040306**

1. Entity Name  
**PALM BEACH COMPONENTS INC.**

Principal Place of Business Mailing Address  
**132 C. WEYBRIDGE CIR. 132 C. WEYBRIDGE CIR.**  
**ROYAL PALM BCH FL 33411 ROYAL PALM BCH FL 33411**

2. Principal Place of Business 3. Mailing Address  
**3648 E. Industrial Way 1626 16th Way**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite #30**

City & State City & State  
**Riviera Beach FL West Palm Beach FL**  
 Zip Country Zip Country  
**33404 Palm Beach 33407 Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**65-1024993** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAIGLE, LAURENT H**  
**132 C. WEYBRIDGE CIR.**  
**ROYAL PALM BCH FL 33411**

**7. Name and Address of New Registered Agent**

Name **Daigle, Laurent H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1626 16th Way**  
 City **W. Palm Beach** FL Zip Code **33407**

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 *Laurent H. Daigle* (NOTE: Registered Agent signature required when reinstalling) DATE **2/26/01**

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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DAIGLE, LAURENT H</b>
STREET ADDRESS	<b>132 C. WEYBRIDGE CIR.</b>
CITY-ST-ZIP	<b>ROYAL PALM BCH FL 33411</b>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daigle, Laurent H.</b>
STREET ADDRESS	<b>1626 16th Way</b>
CITY-ST-ZIP	<b>W. Palm Beach, FL 33407</b>
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: *Laurent H. Daigle* **2/26/01** **561-840-0370**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)