

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000068689

1. Entity Name

PAXEL INDUSTRIES INC.

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90070 027 ***150.00

70011074

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4379 MARS AVENUE
W. PALM BEACH FL 33406

Mailing Address
4379 MARS AVENUE
W. PALM BEACH FL 33406

2. Principal Place of Business
3154 JENNINGS AVE
Suite Apt. #, etc.

3. Mailing Address
3154 JENNINGS AVE
Suite. Apt. #, etc.

City & State
GREENACRES, FLORIDA

City & State
GREENACRES, FLORIDA

Zip Country
33463 USA

Zip Country
33463 USA

4. FEI Number
65-1030405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAX HOUSE CORP
3929 N FEDERAL HWY
POMPAHO BEACH FL 33084

7. Name and Address of New Registered Agent

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, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FANTONE, ELISEO 841 EXECUTIVE CENTER DRIVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 19.07(3)(1), 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 N changed or on an attachment with an address with all other like empowered.

SIGNATURE:  ELISEO FANTONE - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Date Daytime Phone #