

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085996

1. Entity Name

PAUL SOMMER, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91098 047 ***150.00

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

1498 ROYAL CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1498 ROYAL CIRCLE

Suite, Apt. #, etc.

City & State

APOPKA, FL.

City & State

APOPKA, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

4. FFI Number

59-3667065

Applied For

Ref Amendment

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

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's signature required when not signing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$580.00
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
PSTD
SOMMER, PAUL
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
PAUL S. SOMMER
1498 ROYAL CIRCLE, APOPKA FL 32703 ☒ Change ☐ Addition

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul S. Sommer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

407-295-7872

Date

Phone Number

CR2E034 (10/00)