

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -2 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026580

1. Entity Name

CITY GENTS RENOVATION SERVICES



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17567 84TH CT NORTH

Suite, Apt. #, etc.

3. Mailing Address

17567 84TH CT NORTH

Suite, Apt. #, etc.

300023507643  
10/02/03--01020--003 \*\*150.00

DO NOT WRITE IN THIS SPACE

City & State

LOXAHATCHEE

City & State

LOXAHATCHEE

4. FEI Number

65-6087112

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33470

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PAUL PRIESTLEY

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

17567 84TH COURT NORTH

City LOXAHATCHEE

FL

Zip Code

33470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PRIESTLEY PAUL  
STREET ADDRESS 118 LOYAL PARK DR  
CITY-ST-ZIP LOXAHATCHEE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL PRIESTLEY

10-15-03

961-204-3087

Date

Daytime Phone

CR2E034B (12/02)

2/10/12

Paul Priestley  
DBA CITY GENTS RENOVATION SERVICES  
17567 84<sup>th</sup> court north  
Loxahatchee FL33470

Ref # P01000026580  
Fein # 65-1087112

9.28.03

Dear sir/madam

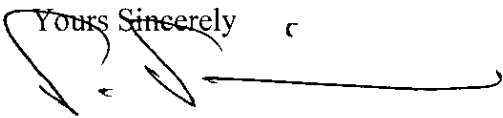
Back in August of this year I spoke to a member of your staff regarding my corporation. They told me to write a letter requesting a waiving of the late fee due to the fact that I had moved and did not receive the initial notice. I promptly did this and the letter was returned to me as I did not send a form as I had never received one. I am now returning both the completed form and letter in a hope that this matter can be resolved.

I hereby request the waving of the late fee and reinstatement of my corporation. I never received the original notice due to the fact that I have changed my address. My new address is

17567 84<sup>th</sup> court north  
Loxahatchee  
FLORIDA 33470

I have enclosed a check for \$150.00

Yours Sincerely



P Priestley