

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90134 024 ***150.00

0399941 AV

DOCUMENT # P01000099412

1. Entity Name
SEBASTIAN'S AWNING MAINTENANCE, INC.

Principal Place of Business
 8965 OKEECHOBEE BLVD 2-301
 ROYAL PALM BEACH FL 33411

Mailing Address
 8965 OKEECHOBEE BLVD 2-301
 ROYAL PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5169 PINE ABBEY DR. SOUTH
 Suite, Apt. #, etc.

3. Mailing Address
 5169 PINE ABBEY DR. SOUTH
 Suite, Apt. #, etc.

City & State
 WEST PALM BEACH FL

City & State
 WEST PALM BEACH, FLORIDA

4. FEI Number
 65-1146029

Applied For
 Not Applicable

Zip
 33415

Country
 USA

Zip
 33415

Country
 USA

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

LOPEZ, HEBERT M
 8965 OKEECHOBEE BLVD 2-301
 ROYAL PALM BEACH FL 33411

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, HEBERT M 8965 OKEECHOBEE BLVD 2-301 ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
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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 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 **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02 **(561) 601-2539**
 Date Daytime Phone #

CR2E034 (9/01)