

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90052 010 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000111990

1. Entity Name
PULSE ENTERPRISES, INC.

Principal Place of Business

2089 TARPON LAKE WAY
W PALM BCH FL 33411

Mailing Address

2089 TARPON LAKE WAY
W PALM BCH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2733 Kittbuck Way
 Suite, Apt. #, etc.

3. Mailing Address

2733 Kittbuck Way
 Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-1152225

Applied For

Not Applicable

Zip

33411

Country

Palm Bch

Zip

33411

Country

Palm Beach

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

PAQUET, GILLES
2089 TARPON LAKE WAY
W PALM BCH 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D PAQUET, GILLES**
STREET ADDRESS **2089 TARPON LAKE WAY**
CITY-ST-ZIP **W PALM BCH FL 33411**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2733 Kittbuck Way**
CITY-ST-ZIP **West Palm Beach FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *GILLES PAQUET*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02
 Date

561-373-2741
 Daytime Phone #