

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012525

1. Entity Name

SHARP WALL SYSTEMS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90220 021 ***150.00

Principal Place of Business

4985 PALM AVE
 SUITE #3
 WINTER PARK FL 32792
 US

Mailing Address

4985 PALM AVE
~~SUITE #3~~
 WINTER PARK FL 32792-9110
 US

2. Principal Place of Business

4985 N. Palm Ave
 Suite, Apt. #, etc.

3. Mailing Address

4985 N. Palm Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3159308

Applied For

Not Applicable

Zip 32792

Country US

Zip 32792

Country US

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

MOORHEAD, TIMOTHY R
 145 N MAGNOLIA AVE
 ORLANDO FL 32802

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, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	JOHNSON, ELTON C	
STREET ADDRESS	4985 NORTH PALM AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

407 678 9600

Daytime Phone #

CR2E034 (9/99)