

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000028160

1. Entity Name
MODERN CEILINGS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90005 016 ***550.00

Principal Place of Business
4653 HOLT ROAD
WEST PALM BEACH FL 33415
US

Mailing Address
4653 HOLT ROAD
WEST PALM BEACH FL 33415
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4653 Holt Rd
Suite, Apt. #, etc.

3. Mailing Address
4653 Holt Rd
Suite, Apt. #, etc.

City & State
WPB: FL

City & State
WPB: FL

4. FEI Number 65-0418966
Applied For
Not-Applicable

Zip Country
33415 P.B.

Zip Country
33415 P.B.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESBAUER, SABINE
4653 HOLT RD
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name Sabine Wiesbauer
Street Address (P.O. Box Number is Not Acceptable)
4653 Holt Rd
WPB FL 33415
City WPB FL Zip Code 33415

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 Sabine Wiesbauer DATE 9.12.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	WIESBAUER, PETER E	
STREET ADDRESS	4653 HOLT ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WIESBAUER, SABINE	
STREET ADDRESS	4653 HOLT RD	
CITY-ST-ZIP	WPB FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

9.12.2000 (561)3570026
Date Daytime Phone #

CR2E034 (5/00)