2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 12, 2000 8:00 am Secretary of State DOCUMENT # **P9400050502** ARCHITECTURAL PANEL PRODUCTS, INC. 01-12-2000 90091 044 ***158.75 Principal Place of Business Mailing Address 1175 N.W. 17TH AVENUE 1175 N.W. 17TH AVENUE DELRAY BEACH FL 33445 DELRAY BEACH FL 33445-2577 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0505264 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DARR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1175 N.W. 17TH AVENUE **DELRAY BEACH FL 33445** City 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. DATE re, 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. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE □ Delete DARR, ROBERT NAME NAME 901 BERMUDA GARDENS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-7IP TITLE Change ☐ Addition Delete TITLE HOFER, GERLINDE NAME NAME 901 BERMUDA GARDENS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the indicated on this repo 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 mation 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 acciver 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 of the corporation of changed, or on ar

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