FILED Sep 12, 2001 8:00 am

S	e	cr	et	a	ry	of	Stat	e
	09	-12-	-200	1 90	0021	047	***550.00	

P95000050576 DOCUMENT #

1. Entity Name

PALM BEACH STAIRS & WOODWORKS, INC.

				1				
Principal Place of Busin	ness	Mailing Address						
3748 PROSPECT AVE #2 RIVIERA BCH FL 33404 US		3748 PROSPECT AVE #2 RIVIERA BCH FL 33404 US						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
6. Na	me and Address of Cu	ırrent Registered Agent						

2001 UNIFORM BUSINESS REPORT (UBR)

US			US								
2. Principal Place of Business			3. Mailing Address				- I JUDATUDA IJA 18482 ARTIK ADIKI DRIKI DRIKI DRIKI DILIJI DDIDI DIKIK JURIJ RIKI 1001 -				
Suite, Apt. #, etc.			Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE								
City & State			City & State			4.	CE_0E07400			oplied For of Applicable	7
Zip		Country	Zìp	ntry	5.	Certificate of Status Desired		8.75 Add],	
_	6. Name	and Address of Current Re	egistered Agent			7.	Name and Address of New Re	gistered A	jent		1
					Name	•					
SCHNOLL,	-				Street Address (P.O. Box Number is Not Acceptable)						1
3682 TOU	Louse Dr	IVE									
Palm Bea	ICH GARDE	ENS FL 33410						į			
	اد				City	City FL Zip Code					
8. The above	named entit	supmits this statement for the	he purpose of changing its	register	ed office or a	egistered ag	gent, or both, in the State of Flor	idą.			7
	1 V2 Wan 1/										
SIGNATURE	~ (All Clus	1/18				0 74	<u>U</u>			.
l .	Signature, typed	or friedd Aurie of registered agent and	title if applicable. (NOTE	: Registere	ed Agent signatur	e required when r	reinstating)	DATE			4
		ible to satisfy its Intangible	FILE NOW!!! FEE IS \$550.0				10. Election Campaign Fina	ncina	\$5.0	0 May Be	
	equireme n t ; ia on back)	and elects to do so.	After September 12 Make Check Payab			Trust Fund Contribution.					
,	· · · · · · · · · · · · · · · · · · ·				<u>. </u>		DITION IN COLUMN	2500 4410 1	NOCOTOR	0.151.44	4
11.	Р	OFFICERS AND DI		12.		AL	ODITIONS/CHANGES TO OFFIC		☐ Change	Addition	13
TITLE NAME	SCHNOLL	IACK M	☐ Delete	TITL	i i				Change	Addition	15
1	3748 PRO		EET ADDRESS								
CITY-ST-ZIP	RIVIERA B			CITY-							١
TITLE	VP		☐ Delete	TITL	E				Change	Addition	78
NAME	SCHNOLL, LINDA NAM			NAM	1E						
STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP	RIVIERA B	ICH FL		'-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				4	
. TITLE	□ Delete TITL			E				Change	☐ Addition		
NAME				NAM							
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			Поль	-					Change	Addition	4
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CITY-ST-ZIP					'-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP							
13. I hereby certify that the information supplied with this filing does not qualify for the exer					d in Section	119 07/3\/i) Florida Statutos U	further certif	v that the i	nformation	+	
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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: