

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90322 010 ***150.00

DOCUMENT # P950000 78596

1. Entity Name

L. P. Fabrics, Inc.

Principal Place of Business

17760 Fieldbrook Circle
 Boca Raton, FL 33496

Mailing Address

17760 Fieldbrook Circle
 Boca Raton, FL 33496

2. Principal Place of Business

3. Mailing Address

3030 Castle Pines Drive

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

City & State

Duluth, GA

Zip

Country

Zip

Country

30097

USA

4. FEI Number

05-0617556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Wollstein, Edward
 17760 Fieldbrook Circle
 Boca Raton, FL 33496

7. Name and Address of New Registered Agent

Name

Wollstein, Edward

Street Address (P.O. Box Number is Not Acceptable)

190 NW 20th Street

City

Boca Raton

FL

Zip Code

33431

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

C. Wollstein

C. Wollstein

4/27/01

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!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Wollstein, Edward	
STREET ADDRESS	17760 Fieldbrook Circle	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Wollstein, Cynthia	
STREET ADDRESS	17760 Fieldbrook Circle	
CITY-ST-ZIP	Boca Raton, FL 33496	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3030 Castle Pines Drive	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3030 Castle Pines Drive	
CITY-ST-ZIP	Duluth, GA 30097	
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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:

C. Wollstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

678-473-0243

Daytime Phone #

CR2E034 (11/00)