

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91218 031 ***150.00

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DOCUMENT # P96000031113

1. Entity Name

PAUL H. FOX, INC.

Principal Place of Business

1436 BAY HARBOR DR #207
 PALM HARBOR FL 34685

Mailing Address

P. O. BOX 1279
 OLDSMAR FL 34677
 US

2. Principal Place of Business

885 CRESTRIDGE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1279

Suite, Apt. #, etc.

OLDSMAR

City & State

TARPON SPRINGS FL

City & State

OLDSMAR, FL

Zip

34688

Country

PINELLAS

Zip

34677

Country

PINELLAS

4. FEI Number

59-3372629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOX, PAUL H JR

~~1436 BAY HARBOR DR #207~~ 885 CRESTRIDGE CIR

~~PALM HARBOR FL 34685~~ TARPON SPRINGS, FL

34688

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, 2002 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	FOX, PAUL H JR	
STREET ADDRESS	1027 48 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FOX, RUTH M	
STREET ADDRESS	1027 48 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL H. Fox, JR	
STREET ADDRESS	885 CRESTRIDGE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH M. Fox	
STREET ADDRESS	885 CRESTRIDGE CIRCLE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688	
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

3-13-02 727-481-5001

Date

Daytime Phone #

CR2E034 (9/01)