

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082425

1. Entity Name
RENOVATIONS BY PAUL, INC.

f

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90151 050 ***150.00

Principal Place of Business
2819 MADISON STREET
HOLLYWOOD FL 33020

Mailing Address
2819 MADISON STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0696528

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HIXSON, PAUL
2819 MADISON STREET
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7610 WESTWOOD DR.
APT. #109
City TAMARAC FL Zip Code 33321

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 \$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 ☐ Delete
NAME HIXSON, PAUL
STREET ADDRESS % 2819 MADISON STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-2000 954-718-5584
Date Daytime Phone #

Attachment
07/06/00 08:42:55
00075569

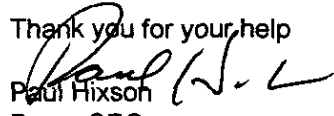
Renovations by Paul

7610 Westwood Drive
Apt. # 109
Tamarac, FL 33321
954-718-5584

To whom it may concern,

In regards to not receiving payment for the year 2000 Uniform Business Report.
I did not receive the form until a couple of weeks ago and that form was the second notice form.
At this time I am making the payment of \$150.00 as per a conversation I had with a person
at 850-488-9000. I was given instructions what to do from there. I called a number that took an
order of which form I needed and then mailed that form to me. It turned out to be the wrong form.
I am including this form as proof to me attempt to take care of this over sight.

Thank you for your help


Paul Hixson
Pres., CEO