

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082425

1. Entity Name

RENOVATIONS BY PAUL, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90273 037 ***150.00

Principal Place of Business

2819 MADISON STREET
HOLLYWOOD FL 33020

Mailing Address

2819 MADISON STREET
HOLLYWOOD FL 33020

2. Principal Office

PAUL HIXSON
7610 WESTWOOD DR.

3. Mailing Office

PAUL HIXSON
7610 WESTWOOD DR.

Suite, Apartment, etc.

APT #109
TAMARAC, FL 33321

Suite, Apartment, etc.

APT #109
TAMARAC, FL 33321

City & State

City & State

Zip

Country

Broward

Zip

Country

Broward

4. FEI Number 65-0696528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIXSON, PAUL
7610 WESTWOOD DR
APT #109
TAMARAS FL 33321

7. Name and Address of New Registered Agent

Name

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

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.

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, 2001 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 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 PAUL HIXSON ☒ Change ☐ Addition
NAME 7610 WESTWOOD DR.
STREET ADDRESS APT #109
CITY-ST-ZIP TAMARAC, FL 33321

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

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

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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:

Paul Hixson PAUL HIXSON

4/22/2001 954-818-1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)