

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-26-2003 90039 007 ***150.00

DOCUMENT # P96000082425

1. Entity Name
RENOVATIONS BY PAUL, INC.

Principal Place of Business
**7610 WESTWOOD DR
APT #109
TAMARAC, FL 33321**

Mailing Address
**7610 WESTWOOD DR
APT #109
TAMARAC, FL 33321**

2. Principal Place of Business
821 Lyons Rd.

3. Mailing Address
821 Lyons Rd.

Suite, Apt. #, etc.
apt. # 21202

Suite, Apt. #, etc.
apt. # 21202

City & State
Coconut Creek FL

City & State
Coconut Creek, FL

Zip
33063

Country
Broward

Zip
33063

Country
Broward



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
85-0698528

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HIKSON, PAUL
7610 WESTWOOD DR
APT #109
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul Hixson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

6/22/03

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIKSON, PAUL
7610 WESTWOOD DR APT 109
TAMARAC, FL 33321** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul Hixson

Signature and typed or printed name of signing officer or director

Paul Hixson

6/22/03

Date

954-818-1094

Daytime Phone #

CR2034 (10/02)