

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90289 017 ***150.00

DOCUMENT # P97000051441

1. Entity Name

PAULALLAN, INC.

Principal Place of Business

**2155 ANDREA LN
 FT MYERS FL 33912**

Mailing Address

**2155 ANDREA LN
 FT MYERS FL 33912**

2. Principal Place of Business

2325 HARVARD AVE.

Suite, Apt. #, etc.

3. Mailing Address

2325 HARVARD AVE.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number **65-0759581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZABOR, ALLAN C
 2155 ANDREA LN
 FT MYERS FL 33912**

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.

SIGNATURE

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

(NOT)

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 **ZABOR, ALLAN C**
 STREET ADDRESS **2155 ANDREA LN**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ZABOR, ALLAN C.**
 STREET ADDRESS **2325 HARVARD AVE.**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

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

TITLE ☐ Change ☐ Addition
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 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allan C. Zabor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: A DIRECTOR

5/15/01

Date

941-274-9757

Daytime Phone #

CR2E034 (10/00)