

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063143

1. Entity Name
AXIOM INDUSTRIES, INC.

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90001 017 ***150.00

0407880 AV

Principal Place of Business
4283 NW 60TH DRIVE
BOCA RATON FL 33496
US

Mailing Address
4283 NW 60TH DR
BOCA RATON FL 33496



2. Principal Place of Business
3867 Landings Drive
Suite, Apt. #, etc.

3. Mailing Address
3867 Landings Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL
Zip 33496 Country US

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Boca Raton FL
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4. FEI Number 65-0771249
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLASS, STACY
4283 NW 60TH DR
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name
Glass, Stacy
Street Address (P.O. Box Number is Not Acceptable)
3867 LANDINGS DRIVE
City Boca Raton FL Zip Code 33496

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 DATE 1/4/2002
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GLASS, STACY 4283 NW 60TH DR BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Glass, Stacy 3867 Landings Drive Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/4/02

Daytime Phone #

CR2E034 (9/01)