

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080057

1. Entity Name  
**THE PADDING STORE INC.**

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90034 037 \*\*\*550.00

Principal Place of Business

Mailing Address

~~1659 SW BILTMORE ST.  
PORT ST. LUCIE FL 34984~~

~~1659 SW BILTMORE ST.  
PORT ST. LUCIE FL 34984-3421~~

2. Principal Place of Business

3. Mailing Address

**5820 SE Smith Av**

**5820 SE Smith Av**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Stuart FL**

City & State

**Stuart FL**

4. FEI Number

**59-3468756**

Applied For

Not Applicable

Zip

**34997**

Country

**USA**

Zip

**34997**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASHLER, RICHARD  
1659 SW BILTMORE ST.  
PORT ST. LUCIE FL 34984**

Name

**Richard Cole**

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

**5820 SE Smith Av**

City

**Stuart**

FL

Zip Code

**34997**

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 **Richard Cole**

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

(NOTE: Registered Agent signature required when reinstating)

**8/24/00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MASHLER, RICHARD</b>	
STREET ADDRESS	<b>331 SW MAJESTIC TERR.</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34984</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Richard Cole</b>	
STREET ADDRESS	<b>5820 SE Smith Av</b>	
CITY-ST-ZIP	<b>Stuart FL 34997</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard Cole**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/24/00**

Date

**561-288-5225**

Daytime Phone #

CR2E034 (9/99)