

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095856

1. Entity Name

PAUL'S SEALING SYSTEMS OF SOUTH FLORIDA, INC.

Principal Place of Business

5151 ROYAL PALM BCH. BLVD
ROYAL BCH FL 33411

Mailing Address

5151 ROYAL PALM BCH. BLVD
ROYAL BCH FL 33411

2. Principal Place of Business

SAME

3. Mailing Address

5151 ROYAL PALM BCH. BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

ROYAL PALM BCH. BLVD.

Zip

33411

Country

Palm Bch

Zip

33411

Country

Palm Bch.

6. Name and Address of Current Registered Agent

LASHBROOK, & A PA
4481 STIRLING RD
FT LAUDERDALE FL 33314-7519

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.

(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 PSTD ☐ Delete
NAME LIDE, PAUL D
STREET ADDRESS 5151 ROYAL PALM BCH BLVD
CITY-ST-ZIP ROYAL PALM BCH FL 33411

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

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

TITLE ☐ Change ☐ Addition
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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 D. LIDE *Paul Lide*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-01

Date

4561-333-7827

Daytime Phone #

0291459

CR2E034 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90035 010 ***150.00



DO NOT WRITE IN THIS SPACE