

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90007 012 ***550.00

DOCUMENT # P98000000685

1. Entity Name

POULINCO ENTERPRISES, INC.

Principal Place of Business

5852 NW 41ST LN
COCONUT CREEK FL 33073

Mailing Address

5852 NW 41ST LN
COCONUT CREEK FL 33073

2. Principal Place of Business

5169 NW 57th Drive

3. Mailing Address

5169 NW 57th Drive

Suite, Apt. #, etc.

Coral Springs, FL 33067

Suite, Apt. #, etc.

Coral Springs, FL 33067

City & State

City & State

4. FEI Number

65-0811956

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POULIN, GEOFFREY
5852 NW 41ST LN
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name
Poulin, Geoffrey
Street Address (P.O. Box Number is Not Acceptable)
5169 NW 57th Drive
Coral Springs
City
FL Zip Code 33067

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME POULIN, GEOFFREY
STREET ADDRESS 5852 NW 41ST LN
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE VSTD
NAME POULIN, CHRISTINE
STREET ADDRESS 5852 NW 41ST LN
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5169 NW 57th Dr
CITY-ST-ZIP Coral Springs, FL 33067 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5169 NW 57th Dr
CITY-ST-ZIP Coral Springs, FL 33067 ☐ Change ☐ Addition

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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
Vice President - 5-00 934-157-2976
Date Daytime Phone #

CR2E034 (5/00)