

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015815

1. Entity Name

FLORIDA PANEL PROCESSING, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90253 037 ***150.00

Principal Place of Business 1000 CLINT MOORE ROAD #101 BOCA RATON FL 33487	Mailing Address 1000 CLINT MOORE ROAD #101 BOCA RATON FL 33487
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2. Principal Place of Business		3. Mailing Address 269 NW 64th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON FL	
Zip	Country	Zip	Country
33487	USA	33487	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0814055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

DIMEDIO, MICHAEL A
1000 CLINT MOORE RD STE 101
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: MICHAEL D. MEDIO
Street Address (P.O. Box Number is Not Acceptable): 269 NW 64th St
City: BOCA RATON FL Zip Code: 33487

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: 4/9/01

(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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIMEDIO, MICHAEL 1000 CLINT MOORE ROAD #101 BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DIMEDIO, VICTORIA 1000 CLINT MOORE ROAD #101 BOCA RATON FL 33487 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 filers empowered.

SIGNATURE: DATE: 4/19/01 DAYTIME PHONE #: 561-241-1845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)