2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021173

1. Entity Name

Bullhide Liner of Broward County, Inc.

Principal Place of Business: 2220 SW 11th Pl, Boca Raton, Fl. 33486

Mailing Address:

FILED
01 NOV 16 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
	2220 SW 11th Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boca Raton, Fl.
Zip / Country	Zip: 33486 / Country: Palm Beach

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650796935 — ☐ Applied For ☐ Not Applicable

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
Peter H. Schmidt 400 South Dixie Hwy. Ste 420 Boca Raton, Fl. 33432	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] 11/13/01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: H. Logan Pierson STREET ADDRESS: 2220 SW 11th Pl CITY-ST-ZIP: Boca Raton, Fl. 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004703??98 -12/04/01--01010--014 ****750.00 ****750.00 ☐ Change ☐ Addition
TITLE: D NAME: Gloria Pierson STREET ADDRESS: 2220 SW 11th Pl CITY-ST-ZIP: Boca Raton, Fl. 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: By: [signature] Gloria Pierson, Bullhide Liner of Broward County, Inc. 11/8/01 561-368-8495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. VARNADORE DEC - 1 2001