

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90326 044 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 98000021173**

1. Entity Name

Bullhide Liner of Broward County, Inc.

DO NOT WRITE IN THIS SPACE

636206

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

4. FEI Number

650796935

Applied For

Not Applicable

Zip

Country

Zip

33486

Country

Palm Beach

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Peter Schmidt

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

400 South Dixie Hwy

#420

City

Boca Raton, FL

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
H Logan Pierson
2220 SW 11th Pl
Boca Raton, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Gloria Pierson
2220 SW 11th Pl
Boca Raton, FL 33486**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Gloria Pierson**
Bullhide Liner of Broward County

Date

4/11/02

Daytime Phone #

561-368-1005

CR2E034B (12/01)