

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000055583**

1. Entity Name

FLORIDA EXTRUDERS INTERNATIONAL, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90042 032 ***150.00

Principal Place of Business

**2540 JEWETT LANE
SANFORD FL 32771
US**

Mailing Address

**2540 JEWETT LANE
SANFORD FL 32771
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2952050**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PTCD	LEHMAN, JOEL G	3117 PENWA CT	LONGWOOD FL 32779	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ELRAD, MARTIN H	6937 LAKE ESTATE COURT	BOCA RATON FL 33496	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	LEHMAN, MARVA A	3117 PENWA CT	LONGWOOD FL 32779	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	KAHAN, DAVID L	25011 DUFFIELD	BEACHWOOD OH 44122	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	LEWIS, SCOTT M	1301 E 9TH STREET	CLEVELAND OH 44114	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	MOORE, EARL S	2540 JEWETT LANE	SANFORD FL 32771	<input type="checkbox"/> Delete					<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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel G. Lehman

01/12/01

Date

407-323-3300

Daytime Phone #

CR2E034 (10/00)