

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90076 015 ***150.00

DOCUMENT # P98000055583

1. Entity Name
FLORIDA EXTRUDERS INTERNATIONAL, INC.



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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTCD**
STREET ADDRESS **LEHMAN, JOEL G**
CITY-ST-ZIP **3117 PENWA CT
LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ELRAD, MARTIN H**
CITY-ST-ZIP **6937 LAKE ESTATE COURT
BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEHMAN, MARVA A**
CITY-ST-ZIP **3117 PENWA CT
LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAHAN, DAVID L**
CITY-ST-ZIP **25011 DUFFIELD
BEACHWOOD OH 44122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **LEWIS, SCOTT M**
CITY-ST-ZIP **1301 E 9TH STREET
CLEVELAND OH 44114**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **YANOWITZ, BENNETT**
CITY-ST-ZIP **1301 E 9TH STREET
CLEVELAND OH 44114**

TITLE ☐ Delete
NAME **AS**
STREET ADDRESS **MOORE, EARL S**
CITY-ST-ZIP **2540 JEWETT LANE
SANFORD FL 32771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

01/22/03

407-323-3300

Date

Daytime Phone #

CR2E034 (10/02)