

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102558

1. Entity Name

BARBARA PAUL CONSTRUCTION, INC.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90011 006 ***150.00

Principal Place of Business

ROUTE 1, BOX 31A
LAMONT FL 32336

Mailing Address

ROUTE 1, BOX 31A
LAMONT FL 32336

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

59-3545478

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

PAUL, BARBARA
ROUTE 1, BOX 31A
LAMONT FL 32336

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL, BARBARA
ROUTE 1, BOX 31A
LAMONT FL 32336 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

Barbara Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/00

Daytime Phone #

850-992-8679

CR2E034 (5/00)

Attachment P98000102558
0079445

7/25/2000

To Whom It May Concern,

I call and talk to a young
lady about the \$550.00 filing fee. She said
that since I did not get the first
notice just wrote a statement to
verify it and to send \$150.00 for the
filing fee.

Thank You,

Barbara Paul

850-997-8679 Home

850-997-4166 Fax