

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105564

1. Entity Name

SHREDDERS INCORPORATED

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90053 037 ***150.00

Principal Place of Business

3315 EMBASSY DRIVE
WEST PALM BEACH FL 33401

Mailing Address

3315 EMBASSY DRIVE
WEST PALM BEACH FL 33160-2887

2. Principal Place of Business

17555 COLLINS AVE

3. Mailing Address

17555 COLLINS AVE

Suite, Apt. #, etc.

#1605

Suite, Apt. #, etc.

#1605

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

4. FEI Number

65-0883361

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JASON, PAUL
3315 EMBASSY DRIVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

17555 COLLINS AVE

#1605

City

SUNNY ISLES BEACH

FL

Zip Code
33160

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

Paul G. Jason PAUL G. JASON President 3-15-00

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, 2000 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

TITLE P ☐ Delete
NAME JASON, PAUL
STREET ADDRESS 3315 EMBASSY DR
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE S ☐ Delete
NAME JASON, SUSAN
STREET ADDRESS 3315 EMBASSY DR
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17555 COLLINS AVE, #1605
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17555 COLLINS AVE, #1605
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Paul G. Jason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL JASON, PRESIDENT

305-792-2250

Date

Daytime Phone #

CR2E034 (9/99)