

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002035

1. Entity Name

SEIDMAN AND DAUGHTERS HOME IMPROVEMENTS INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90127 019 ***150.00

Principal Place of Business

Mailing Address

Bertram Seidman
84 Skyline Dr.
N. Ft. Myers, FL 33903-4722

Bertram Seidman
84 Skyline Dr.
N. Ft. Myers, FL 33903-4722

00013982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1353273

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEIDMAN, BERT B

Name

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

City

FL

Zip Code

Bertram Seidman
84 Skyline Dr.
N. Ft. Myers, FL 33903-4722

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 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 Bertram Seidman
STREET ADDRESS 84 Skyline Dr.
CITY-ST-ZIP N. Ft. Myers, FL 33903-4722 ☐ Delete

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

TITLE NAME Bertram Seidman
STREET ADDRESS 84 Skyline Dr.
CITY-ST-ZIP N. Ft. Myers, FL 33903-4722 ☐ Delete

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

TITLE NAME SEIDMAN, Bertram
STREET ADDRESS 84 Skyline Dr.
CITY-ST-ZIP N. Ft. Myers, FL 33903-4722 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bertram B. Seidman

President/V. President/Member

1/20/2001 - 941-9973134

CR2E034 (10/00)