

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002787

1. Entity Name

PALM BEACH SHUTTERS, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90036 041 ***158.75

Principal Place of Business

Mailing Address

270 BUSINESS PARK WAY, #6
ROYAL PALM BEACH FL 33411

270 BUSINESS PARK WAY, #6
ROYAL PALM BEACH FL 33411-1737

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

65-0887248

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

DAY, CHARLES H.
270 BUSINESS PARK WAY, #6
ROYAL PALM BEACH FL 33411

Name
UPTHEGROVE, C. SHELDON

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

270 BUSINESS PARK WAY, #6

City
ROYAL PALM BEACH FL

Zip Code
33411

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

C. Sheldon Upthegrove 1/7/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
DAY, CHARLES H.
% 270 BUSINESS PARK WAY, #6
ROYAL PALM BEACH FL 33411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
UPTHEGROVE, C. Sheldon
% 270 BUSINESS PARK WAY, #6
ROYAL PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/2000 561-792-5560

CR2E034 1/9991