

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000021260

1. Entity Name

SAW PALMETTO PRODUCTS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90106 033 ***150.00

Principal Place of Business

Mailing Address

712 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408712 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408-4509

2. Principal Place of Business

P.O. Box 696

3. Mailing Address

P.O. Box 696

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Indiantown, FL

City & State

Indiantown, FL

4. FEI Number

65-0899163

Applied For

Not Applicable

Zip

Country

34956

Martin

Zip

Country

34956

Martin

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

COHEN, FRED C
712 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

Name Thomas D. Daiello

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

4800 NORTH FEDERAL HIGHWAY

SUITE 307 B

City Boca Raton, FL

FL 33431

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	MR. PRESIDENT / CEO	<input type="checkbox"/> Delete
NAME	DEAN PILLING	
STREET ADDRESS	1126 SW 21 ST	
CITY-ST-ZIP	BOCA RATON, FL 33486	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT / TREASURER	<input type="checkbox"/> Delete
NAME	CYNTHIA PILLING	
STREET ADDRESS	1126 SW 21 ST	
CITY-ST-ZIP	Boca Raton, FL 33486	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P.	<input type="checkbox"/> Delete
NAME	STAN BIGEISEN	
STREET ADDRESS	3375 N. Country Club Dr., # 1109	
CITY-ST-ZIP	Aventura, FL 33180	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Thomas D. Daiello	
STREET ADDRESS	4800 NORTH FEDERAL Highway	
CITY-ST-ZIP	Boca Raton, FL 33431	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Pilling

4/14/00

Date

561/533-8006

Daytime Phone #

CR2E034 (9/99)