

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021551

1. Entity Name

COMPOSITE PANEL, INC.

Principal Place of Business

1605 N.E. 5TH COURT
FORT LAUDERDALE FL 33301-1329

Mailing Address

1605 N.E. 5TH COURT
FORT LAUDERDALE FL 33301-1329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KATES, ELIZABETH J ESQ.
4411 NORTHWEST TENTH STREET
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name Robert M Begley
Street Address (P.O. Box Number is Not Acceptable)
525 N 14TH AVE
City Hollywood FL Zip Code 33020

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

Robert M Begley

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BEGLEY, ROBERT N	
STREET ADDRESS	1605 N.E. 5TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301-1329	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Begley, Robert M.	
STREET ADDRESS	525 N 14TH AVE	
CITY-ST-ZIP	Hollywood Fla. 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Robert M Begley* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED 10/2

00 OCT 20 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

65-0905835

4. FEL Number

P99000021551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 15/00

LS

Dear Leslie,

2082

I never received the first uniform business report document. We moved and I just this got them^(it) through the mail. It's been 2 months

Our new address is

525 N 14th AVE
Hollywood, Florida
33020.

Thank You so much.

I've been trying to take care of this for a while - you got my 1st letter. When new at this. Then.

Please call me I need to straighten this out if anything is wrong. 1-954-922-7231
Thank You.