

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90392 038 ***150.00

DOCUMENT # P99000069025

1. Entity Name

PAULA ANDREA BARRETT SAMMS, INC.

Principal Place of Business

**300-B SUNSHINE RD.
 WEST PALM BEACH FL 33411**

Mailing Address

**300-B SUNSHINE RD.
 WEST PALM BEACH FL 33411**

2. Principal Place of Business

13619 49th St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 211363

Suite, Apt. #, etc.

#

City & State

Royal Palm Beach, FL

City & State

Royal Palm Bch, FL

Zip

33411

Country

Palm Beach

Zip

33421

Country

Palm Bch

4. FEI Number

65-0936024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAMMS, NOEL W JR

300-B SUNSHINE RD.

WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Noel Samms JR

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

13619 49th St

City

WPB, FL

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

Noel W Samms JR

4/30/02

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, 2002 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 **SAMMS, PAULA**
 STREET ADDRESS **300-B SUNSHINE RD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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 **P** ☒ Change ☐ Addition
 NAME **Samms, Paula**
 STREET ADDRESS **P.O. Box 211363**
 CITY-ST-ZIP **WPB, FL 33421**

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIC/PAULA SAMMS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 561-640-7102
 Date Daytime Phone #

CR2E034 (9/01)