

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080121

1. Entity Name

CAPITOL INDUSTRIAL SAWS, INC.

Principal Place of Business

Mailing Address

7100-39 FAIRWAY DR. PMB 202E
PALM BEACH GARDENS FL 33418

7100-39 FAIRWAY DR. PMB 202E
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

15935 Assembly Loop
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jupiter, FL.

City & State

Zip

33478

Country

Zip

Country

4. FEI Number 65-0947555

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

BEIERMEISTER, LORRAINE
7100-39 FAIRWAY DR, PMB 202E
PALM BEACH GARDENS FL 33418

Name

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

City

FL

Zip Code

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	PTD	<input type="checkbox"/> Delete
NAME	BEIERMEISTER, LORRAINE	
STREET ADDRESS	7100-39 FAIRWAY DR, PMB 202E	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEIERMEISTER, ELWOOD	
STREET ADDRESS	7100-39 FAIRWAY DR, PMB 202E	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

L. Beiermeister

L. Beiermeister

1-8-01

561-776-9808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90096 050 ***150.00

00004301



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)