

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90036 024 ***550.00

DOCUMENT # S31361

1. Entity Name

AWARD RUBBER STAMPS, INC.

Principal Place of Business

1520 BOTTLEBRUSH DRIVE NE
 2B
 PALM BAY FL 32905
 US

Mailing Address

1520 BOTTLEBRUSH DRIVE NE
 2B
 PALM BAY FL 32905
 US

2. Principal Place of Business

4155 Dow RD
 Suite, Apt. #, etc.
 W

3. Mailing Address

480 CARRIAGE RD
 Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

SAT. Bch., FL

4. FEI Number

59-3050394

Applied For

Not Applicable

Zip 32934

Country USA

Zip 32937

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, SYLVIA M.
 1520 BOTTLEBRUSH DR NE
 STE 2B
 PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name PAUL J. MOYER

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

480 CARRIAGE RD.

City SAT. Bch

FL

Zip Code 32937

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

Paul J. Moyer

8/11/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, SYLVIA M.	
STREET ADDRESS	1520 BOTTLEBRUSH DR NE STE 2B	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICK, FLORENCE G.	
STREET ADDRESS	1520 BOTTLEBRUSH DR NE STE 2B	
CITY-ST-ZIP	PALM BAY FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL J. MOYER	
STREET ADDRESS	480 CARRIAGE RD	
CITY-ST-ZIP	SAT. Bch., FL 32937	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE JUSTICE	
STREET ADDRESS	480 CARRIAGE RD	
CITY-ST-ZIP	SAT. Bch., FL 32937	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIA K. MOYER	
STREET ADDRESS	480 CARRIAGE RD	
CITY-ST-ZIP	SAT. Bch., FL 32937	
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:

Paul J. Moyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/00 321-768-7870

Date

Daytime Phone #

CR2E034 (5/00)