

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90020 030 ***150.00

DOCUMENT # 242513

1. Entity Name
PALM WORTH INC

Principal Place of Business
Palm Worth Inc.
2850 S. Ocean Blvd.
Palm Beach, FL. 33480

Mailing Address
Palm Worth Inc.
2850 S. Ocean Blvd.
Palm Beach, FL. 33480

2. Principal Place of Business
2850 S. Ocean Blvd.

3. Mailing Address
2850 S. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number
59-1005463

Applied For
 Not Applicable

Zip
33480

Country
Palm Beach

Zip
33480

Country
Palm Beach

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

ASSOCIATED PROPERTY MANAGEMENT OF THE
400 S. DIXIE HWY, SUITE 10
LAKE WORTH FL 33460

Name
John Lenox McDonald, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
2875 S. Ocean Blvd. #200

City
Palm Beach **FL** Zip Code
33480

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: *John McDonald, Esquire* **John McDonald, Esquire**

4-12-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAIRNS, MARY L 2850 S. OCEAN BLVD. #408 PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKINNEY, JOHN 2850 S. OCEAN BLVD #204 PALM BCH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, WILLIAM P 8624 GRASSY ISLE TRAIL LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LANIER, V C 2850 S. OCEAN BLVD. #311 PALM BCH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROOKS, DAVID 2850 S. OCEAN BLVD. #412 PALM BCH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SULLIVAN, DIANA 2850 S. OCEAN BLVD. PALM BEACH FL 33480	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLIS, THOMAS 2850 S. OCEAN BLVD #409 PALM BCH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOVE, DR. THOMAS 2850 S. OCEAN BLVD #512 PALM BCH FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2850 S. OCEAN BLVD #502 PALM BCH FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William P. King* **WILLIAM P. KING PRESIDENT**

24 April 2002

561-585-5137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)