

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90152 001 *1,685.00

DOCUMENT # N94000004318

1. Entity Name

PALM BEACH SERVICECO, INC.

Principal Place of Business

Mailing Address

1309 N FLAGLER DRIVE
 WEST PALM BEACH FL 33401
 US

1309 N FLAGLER DRIVE
 WEST PALM BEACH FL 33401-3406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0598821

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARCOMBE, VALERIE G
 1309 N. FLAGLER DRIVE
 WEST PALM BEACH FL 33401

Name **Valerie G. Larcombe, Esquire**
 Street Address (P.O. Box Number is Not Acceptable)
Akerman Senterfitt
777 S. Flagler Drive, Suite 900E
 City **West Palm Beach** **FL** Zip Code **33401**

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

Valerie G. Larcombe, 4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUTCHER, PHILLIP	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHUR, MARVIN	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULY, JOHN	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	LARCOMBE, VALERIE G	
STREET ADDRESS	1309 N. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARREN, DONALD MD	
STREET ADDRESS	1309 N FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NASK, FRANK	
STREET ADDRESS	1309 N FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Nathan	
STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Loscalzo	
STREET ADDRESS	1309 N. Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Nathan 4/27/00 561-650-6201
 President and CEO Daytime Phone #

CR2E037 (9/99)