

FILED
May 28, 2002 8:00 am
Secretary of State

04-16-2002 90045 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 334220

1. Entity Name

PALERS DEVELOPMENT CORP

Principal Place of Business

5002 CORONADO RIDGE 1025
 BOCA RATON FL 33486 Nicole Dr.
 US Newtown Square, PA 19073

Mailing Address : 1025

P.O. BOX 810423 Nicole Dr.
 BOCA RATON FL 33481-0423
 US Newtown Square, PA 19073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1269058

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

SPERRY, ALBERT W

5092 Coronado Ridge
 5002 CORONADO RIDGE 1025 Nicole Dr.
 BOCA RATON FL 33486 Newtown Square, PA
 Boca Raton, FL 33486

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, 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 PD ☐ Delete
 NAME SPERRY, ALBERT W 1025 Nicole Dr.
 STREET ADDRESS 5002 CORONADO RIDGE Newtown Sq, PA
 CITY-ST-ZIP BOCA RATON FL 33486 19073

TITLE VP ☐ Delete
 NAME SPERRY, KRISTIN 1025 Nicole Dr.
 STREET ADDRESS 5002 CORONADO RIDGE Newtown Sq,
 CITY-ST-ZIP BOCA RATON FL 33486 PA 19073

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Daytime Phone #

610-361-2048

CP2E034 (9/01)