

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90019 026 ***150.00

DOCUMENT # 396216

1. Entity Name
PALNEZ SCHOOLS, INC.

Principal Place of Business

**7822 NORTH 56TH ST
TAMPA FL 33617**

Mailing Address

**7822 NORTH 56TH ST
TAMPA FL 33617**

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

59-1464552

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

**CARTER, MARTHA A.
2181 NORTH WATSEEDGE DRIVE
CRYSTAL RIVER FL 34429**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CARTER, MARTHA A.	2181 NORTH WATSEEDGE DRIVE	CRYSTAL RIVER FL 34429							
	VTM			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BETHEA, JAMES A. III	2708 BROCK ROAD	PLANT CITY FL 33565-5742							
	VS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BETHEA, MELANIE	6309 MISTY LN	TAMPA FL 33617							
	VD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BETHEA, ANN G	2708 BROOK ROAD	PLANT CITY FL 33565-5742							
	VC			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BETHEA, JAMES R JR	2181 N WATSEEDGE DR	CRYSTAL RIVER FL 34429							
				<input type="checkbox"/> Delete					<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: Martha A Carter Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 352-795-5675
Date Daytime Phone #

CR2E034 (9/01)