

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90079 032 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1464552**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 WATERSEDGE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARTER, MARTHA A.	
STREET ADDRESS	2181 NORTH WATERSEDGE DRIVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VTM	<input type="checkbox"/> Delete
NAME	BETHEA, JAMES A. III	
STREET ADDRESS	2708 BROCK ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565-5742	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BETHEA, MELANIE	
STREET ADDRESS	6309 MISTY LN	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BETHEA, ANN G	
STREET ADDRESS	2708 BROOK ROAD	
CITY-ST-ZIP	PLANT CITY FL 33565-5742	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BETHEA, JAMES R JR	
STREET ADDRESS	2181 N WATERSEDGE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10501 N. Ashley St	
CITY-ST-ZIP	TAMPA FL 33612	
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		

CR2E034 (10/02)

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 607, 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

2-3-03

Date

352-795-5675

Daytime Phone #