

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 622573

1. Entity Name

THE PURPLE TURTLE, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90112 033 ***158.75

Principal Place of Business

Mailing Address

777 S. FLAGLER DR. STE 1101
WEST PALM BEACH FL 33401

777 S. FLAGLER DR. STE 1101
WEST PALM BEACH FL 33401-6161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1101E

Suite, Apt. #, etc.

SUITE 1101E

City & State

City & State

4. FEI Number

59-1911829

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

SHEWALTER, WILLIAM A
777 S FEDERAL DR
SUITE 1101E
W PALM BEACH FL 33401

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, 2000 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	VS	<input type="checkbox"/> Delete
NAME	GEIST, MINNIE S	
STREET ADDRESS	777 S FLAGLER DR #1101	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	GOODMAN, JOAN M	
STREET ADDRESS	777 S FLAGLER DR #1101	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Minnie S. Geist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MINNIE S. GEIST, VICE PRESIDENT / SECRETARY

4/5/00

Date

(561) 833-3777

Daytime Phone #

CR2E034 (9/99)