

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 623693

1. Entity Name

PALM ENTERPRISES OF PALM HARBOR, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90027 038 ***150.00

Principal Place of Business

27001 U.S. HIGHWAY 19 NORTH, SUITE 2013
CLEARWATER FL 34621

Mailing Address

27001 U.S. HIGHWAY 19 NORTH, SUITE 2013
CLEARWATER FL 34621

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2344786**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSALLA, EDWARD F.
500 NORTH OSCEOLA, #710
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-registering)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SUSALLA, EDWARD F.	
STREET ADDRESS	500 N. OSCEOLA, #710	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUSALLA, KENNETH P.	
STREET ADDRESS	3018 KEY HARBOR DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUSALLA, BARBARA	
STREET ADDRESS	3018 KEY HARBOR DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUSALLA, LOIS L.	
STREET ADDRESS	500 N. OSCEOLA, #710	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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 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 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:

Barbara J. Susalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Susalla

4-18-01

(727) 796-1246

Date

Daytime Phone #

CR2E034 (10/00)