

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726615

1. Entity Name

THE PALM COAST BUCKET BRIGADE, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90023 042 ****61.25

Principal Place of Business

Mailing Address

PALM COAST PARKWAY
P.O. BOX 350048
PALM COAST FL 32135-0048

PO BOX 353676
PALM COAST FL 32135-3676

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3414199

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

KWIATKOWSKI, JULES
7-BASSETT LN
PALM COAST FL 32137

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME KWIATOWSKI, JULES
STREET ADDRESS 7 BASSETT LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE PD ☒ Change ☐ Addition
NAME LEETJAMES
STREET ADDRESS 1 BISCAYNE PL
CITY-ST-ZIP PALM COAST FL 32137

TITLE VD ☐ Delete
NAME MCNULTY, BRIAN
STREET ADDRESS 23 BARKLEY LN
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME RUGGIERI, LARRY
STREET ADDRESS 89 FOSTER LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME LEE, ELVA
STREET ADDRESS 1 BISCAYNE PLACE
CITY-ST-ZIP PALM COAST FL 32137

TITLE T ☒ Change ☐ Addition
NAME MERRITT KATHY
STREET ADDRESS 61 WOOD HOLLOW LN
CITY-ST-ZIP PALM COAST FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-00 904 445-5691

CR2E037 (9/99)