

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744251

FILED  
Feb 16, 2003  
Secretary of State

Entity Name: PALERMITI OBSERVATORY, INC.

## Current Principal Place of Business:

16222 133RD N. TERRACE DR.  
JUPITER, FL 33478

## New Principal Place of Business:

## Current Mailing Address:

16222 133RD N. TERRACE DR.  
JUPITER, FL 33478

## New Mailing Address:

FEI Number: 59-1978031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAWICK & GRIFFIS, P.A.  
2051 MAIN STREET  
SARASOTA, FL 33577

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PALERMITI, MICHAEL F.,  
Address: 16222 133RD N DR  
City-St-Zip: JUPITER, FL

Title: VD ( ) Delete  
Name: PALERMITI, FRANK M.,  
Address: 693 NICKLAUS DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: STD ( ) Delete  
Name: PALERMITI, SARA M.,  
Address: 693 NICKLAUS DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: ST ( ) Delete  
Name: PALERMITI, BETTY M.,  
Address: 16222 133RD N DR  
City-St-Zip: JUPITER, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PALERMITI

PRES

02/16/2003

Electronic Signature of Signing Officer or Director

Date