

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR 22 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **A21540**

1. Entity Name
PALM HARBOR SHOPS, LTD.

Principal Place of Business
**36091 - 35501 U.S. 19 NORTH
PALM HARBOR FL 34864**

Mailing Address
**P.O. BOX 402097
MIAMI BEACH FL 33140**

DUE BY MAY 1, 2002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2584302

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

**PALM HARBOR SHOPS, INC.
5446 NORTH BAY RD.
MIAMI BEACH FL 33140**

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.

DATE

9. Capital Contributions as Shown on record. **\$990.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **H78526**
NAME **PALM HARBOR SHOPS, INC.**
STREET ADDRESS **5446 NORTH BAY RD**
CITY-ST-ZIP **MIAMI BEACH FL**

STREET ADDRESS **PO Box 402097**
CITY-ST-ZIP **Miami Beach FL 33140-5**
STREET ADDRESS **-04/30/02-01022-019**
CITY-ST-ZIP ******141.25 ****141.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **SAUL Bloomman**

Date **4/16/02** (305) 868-5131
Daytime Phone #

CR2E003 (9/01)