

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90057 047 ***158.75

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1. Entity Name

PALMER JOHNSON SAVANNAH, INC.

Principal Place of Business

Mailing Address

**61 MICHIGAN STREET
 STURGEON BAY WI 54235**

**PO BOX 109
 STURGEON BAY WI 54235**

2. Principal Place of Business

1515 SE 17th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #109

City & State

Ft. Lauderdale FL

City & State

4. FEI Number

39-1723127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRIEDMAN, PHILIP L
 1515 SE 17 STREET SUITE 109
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	FRIEDMAN, PHILIP L	1515 SE 17 STREET, SUITE 109	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice President	M. Gregg Robinson	3124 River Dr.	Savannah, GA 31404-5027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Thomas M. Kuffel	61 Michigan Street	Sturgeon Bay, WI 54235-0109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Thomas M. Kuffel
 Thomas M. Kuffel

March 28, 2001

(920)743-4412 Ext. 160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)