

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90063 032 \*\*\*550.00

**DOCUMENT # F02000004271**

**1. Entity Name**  
**JENNIFER PALMER & COMPANY, INC.**



**Principal Place of Business**  
**4500 CLEARVIEW PARKWAY, STE. 100**  
**METAIRIE LA 70006**

**Mailing Address**  
**4500 CLEARVIEW PARKWAY, STE. 100**  
**METAIRIE LA 70006**

**2. Principal Place of Business**

**6620 RIVERSIDE DRIVE**

Suite, Apt. #, etc.

**SUITE 104**

City & State

**METAIRIE, LA**

Zip

**70003**

Country

**JEFFERSON**

**3. Mailing Address**

**6620 RIVERSIDE DRIVE**

Suite, Apt. #, etc.

**SUITE 104**

City & State

**METAIRIE, LA**

Zip

**70003**

Country

**JEFFERSON**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 72-0986206**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CARLISLE, JEFFREY E**  
**9850 MONTAGUE STREET**  
**TAMPA FL 33626**

**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. I am familiar with, and accept the obligations of registered agent.**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE P**  
**NAME PALMER, JENNIFER**  
**STREET ADDRESS 207 SCHICK DRIVE**  
**CITY-ST-ZIP LAFAYETTE OH 45854**

☒ Delete

**TITLE VP**  
**NAME FRENZEL, MICHAEL**  
**STREET ADDRESS 715 FINCHLEY AVE.**  
**CITY-ST-ZIP BATON ROUGE LA 70806**

☐ Delete

**TITLE V**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE PRESIDENT**  
**NAME FRENZEL, MICHAEL**  
**STREET ADDRESS 955 MARION DL.**  
**CITY-ST-ZIP BATON ROUGE, LA 70806**

☒ Change

☐ Addition

**TITLE VP**  
**NAME BARNEY HEGWOOD**  
**STREET ADDRESS 39 AMAZING GRACE LANE**  
**CITY-ST-ZIP PICAYUNE, MS 39466-4977**

☐ Change

☒ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.**

**SIGNATURE:** *Michael Frenzel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-03 504-885-6500**

Date Daytime Phone #

CR2E034 (4/03)