

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90158 011 ***150.00

DOCUMENT # **F 21495**

1. Entity Name

INWOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13934 FRIENDSHIP LN.

3. Mailing Address

13934 FRIENDSHIP LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FL.

City & State

ODESSA, FL.

4. FEI Number

59-2502192

Applied For

Not Applicable

Zip

33556

Country

Zip

33556

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARNET PALMER

Street Address (P.O. Box Number is Not Acceptable)

13934 FRIENDSHIP LANE

City

ODESSA

FL

Zip Code

33556

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GARNET PALMER
13934 FRIENDSHIP LANE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ODESSA, FL. - 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P LLOYD L. PALMER
13934 FRIENDSHIP LANE
ODESSA FL 33556

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Garnet M. Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 02 (302-328-7933)
Date Daytime Phone #