

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22130

1. Entity Name  
PALM ENTERPRISES, INC.

Principal Place of Business  
4524 GUN CLUB ROAD  
SUITE 212  
WEST PALM BEACH FL 33415  
US

Mailing Address  
C/O ROBERT V. GRIEB, CPA  
500 NORTH WESTSHORE BLVD., #1000  
TAMPA FL 33609

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90327 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 1010</b>	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2063745	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIEB, ROBERT V. C 500 NORTH WESTSHORE BLVD, #1000 #1010 TAMPA FL 33609	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, NIGEL K. 26/28 HALLAM STREET LONDON, ENGLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAYE, ANDREW I. 26/28 HALLAM STREET LONDON, ENGLAND <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nigel Ross NIGEL ROSS 16 JAN 2001 020 7436 0198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)