## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # F99000005883 1. Entity Name 05-17-2001 90400 002 \*\*\*150.00 PALMER GENERAL, INC. Principal Place of Business Mailing Address 31731 NORTHWESTERN HIGHWAY, SUITE 240 31731 NORTHWESTERN HIGHWAY, SUITE 240 657199 FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 48334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUPTAK, PAOLA M Street Address (P.O. Box Number is Not Acceptable) 4700 NW BOCA RATON BLVD 4TH FLOOR **BOCA RATON FL 33431** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD ☐ Addition TITLE ☐ Delete TITLE BEZNOS, MAURICE J NAME NAME Ste 250W STREET ADDRESS 31731 NORTHWESTERN HIGHWAY, SUITE 240 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARMINGTON HILLS MI 48334 SD ☐ Delete Change ☐ Addition TITLE TITLE BEZNOS, NORMAN 31731 NORTHWESTERN HIGHWAY, SUITE 240 NAME NAME Ste 250W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FARMINGTON HILLS MI 48334 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 regioner 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice Beznos

changed, or on an attache

SIGNATURE: