

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G29755**

1. Entity Name

PALM/LAUD PROPERTIES, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90110 015 ***150.00

Principal Place of Business

**1672 W HILLSBORO BLVD
PMB #256
DEERFIELD BEACH FL 33442
US**

Mailing Address

**1672 W HILLSBORO BLVD
PMB #256
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business

1906 WILDWOOD LN., N.

3. Mailing Address

P. O. BOX 4249

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

DEERFIELD BEACH

4. FEI Number

59-2271719

Applied For

Not Applicable

Zip
33442

Country

BROWARD

Zip

33442

Country

BROWARD5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEFFAN, JOHN E.
1672 W HILLSBORO BLVD
STE 256
DEERFIELD BCH FL 33442**

Name

STEFFAN, JOHN E.

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

1906 WILDWOOD LN., N.

City

DEERFIELD BEACH**FL**Zip Code
33442

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 **PD** ☐ Delete
NAME **STEFFAN, JOHN E.**
STREET ADDRESS **1672 W HILLSBORO BLVD, STE 256**
CITY-ST-ZIP **DEERFIELD BEACH FL**TITLE **PD** ☒ Change ☐ Addition
NAME **STEFFAN, JOHN E.**
STREET ADDRESS **1906 WILDWOOD LANE, N.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**TITLE **STD** ☐ Delete
NAME **STEFFAN, THELMA**
STREET ADDRESS **1672 W HILLSBORO BLVD, STE 256**
CITY-ST-ZIP **DEERFIELD BEACH FL**TITLE **STD** ☒ Change ☐ Addition
NAME **STEFFAN, THELMA**
STREET ADDRESS **1906 WILDWOOD LANE, N.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Thelma Steffan

SECY/TREAS. DIRECTOR

1/16/01

954-429-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)