

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47521

1. Entity Name

PALM FROND, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90034 021 ***150.00

Principal Place of Business

Mailing Address

4444 HANCOCK BRIDGE PKWY
1625 SILVERWOOD COURT
FORT MYERS FL 33903

1625 SILVERWOOD COURT
1625 SILVERWOOD COURT
NORTH FORT MYERS FL 33903-4650
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2298882

Applied For

Not Applicable

5. 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

INK, STANLEY K.
1625 SILVERWOOD COURT
N FT. MYERS FL 33903

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

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	INK, STANLEY K	
STREET ADDRESS	1625 SILVERWOOD COURT	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	ST	<input type="checkbox"/> Delete
NAME	INK, EDITH W	
STREET ADDRESS	1625 SILVERWOOD CT	
CITY-ST-ZIP	N FT. MYERS, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, CHARLES	
STREET ADDRESS	1165 5-B PALM AVENUE	
CITY-ST-ZIP	N FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUDGE, PATRICIA A	
STREET ADDRESS	RT 1 BOX 1085	
CITY-ST-ZIP	LABELLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHILIBERT, LEON J	
STREET ADDRESS	9810 COUNTRY OAKS DR	
CITY-ST-ZIP	FT MYERS FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	LaBelle, FL 33935
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, FL 33912
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley K. Ink

Feb. 18, 2000

Date

(941) 995-2442

Daytime Phone #

CR2E034 (9/99)