

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90022 033 \*\*\*150.00

**DOCUMENT # G47521**

1. Entity Name  
**PALM FROND, INC.**

Principal Place of Business <b>4444 HANCOCK BRIDGE PKWY                  1625 SILVERWOOD COURT                  NORTH FORT MYERS FL 33903                  US</b>	Mailing Address <b>1625 SILVERWOOD COURT                  1625 SILVERWOOD COURT                  NORTH FORT MYERS FL 33903                  US</b>
--	---

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

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD INK, STANLEY K 1625 SILVERWOOD COURT N. FORT MYERS FL 33903	<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	ST INK, EDITH W 1625 SILVERWOOD CT N. FORT MYERS FL 33903	<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	V BENNETT, CHARLES 1165 5-B PALM AVENUE N FT. MYERS FL	<input checked="" 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	VD MUDGE, PATRICIA A RT 1 BOX 1085 LABELLE FL 33935	<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	VD PHILIBERT, LEON J 9810 COUNTRY OAKS DR FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1808 Coral Circle North Fort Myers, FL 33903	<input checked="" 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

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: Stanley K. Ink  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2001  
 Date

(941)995-2442  
 Daytime Phone #

CR2E034 (10/00)