

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90564 027 \*\*\*150.00

**DOCUMENT # H91730**

1. Entity Name

**PALM AUTOMOTIVE MANAGEMENT, INC.**

Principal Place of Business

**1901 TAMiami TRL**  
**P.O. BOX 512049**  
**PUNTA GORDA FL 33950**

Mailing Address

**1901 TAMiami TRL**  
**P.O. BOX 512049**  
**PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2614317**

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

**HELPHENSTINE, ROBERT B.**  
**1901 TAMiami TRL**  
**PUNTA GORDA FL 33950**

Name **JoAnn-P.-Helphenstine**Street Address (P.O. Box Number is Not Acceptable)  
**1901 Tamiami Trail**City **Punta Gorda****FL**Zip Code **33950**

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)

4/23/02

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP</b> <b>HELPHENSTINE, ROBERT B.</b> <b>5570 RIVERSIDE DR.</b> <b>PUNTA GORDA FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>HELPHENSTINE, JOANN P.</b> <b>5570 RIVERSIDE DR.</b> <b>PUNTA GORDA FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:

**JoAnn P. Helphenstine**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

941-639-1155

Date

Daytime Phone #

CR2E034 (9/01)