

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H94686****1. Entity Name**
THE PALMETTO GUEST HOME, INC.**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91502 048 ***150.00

Principal Place of Business**820 - 5TH STREET WEST**
PALMETTO FL 34221-5018
US**Mailing Address****820 - 5TH STREET WEST**
PALMETTO FL 34221-5018
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**59-2583016**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KAKLIS, V. WILLIAM**
1400 4TH AVENUE WEST
BRADENTON FL 34205**7. Name and Address of New Registered Agent**

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, 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**

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BIGGINS, JAMES E.	
STREET ADDRESS	901 J HUNTER CT	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BIGGINS, SHIRLEY R.	
STREET ADDRESS	2112 8TH ST W	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	<input type="checkbox"/> Delete
NAME	BIGGINS, KRISTIN	
STREET ADDRESS	6312 5TH AVE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BIGGINS, MICHAEL	
STREET ADDRESS	1818 TARPON RD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BIGGINS, KIMBERLY R	
STREET ADDRESS	6312 5TH AVE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BIGGINS, KIM	
STREET ADDRESS	820 - 5TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL 34221	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

CR2E034 (9/01)