

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27924

1. Entity Name

PALM PLAZA D.B.S., INC.

Principal Place of Business

3301 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118-6308

Mailing Address

3301 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118-6308

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

59-2724642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORNARI, LARRY
3301 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32018

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 is acceptable.

(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 DS ☐ Delete
NAME LAURA L. APPLEGATE
STREET ADDRESS 3301 S. ATLANTIC AVE.
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE DP ☐ Delete
NAME FORNARI, MARIE G
STREET ADDRESS 3301 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE DVP ☐ Delete
NAME FORNARI, LAWRENCE JOSEP
STREET ADDRESS 3301 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90063 028 ***150.00



DO NOT WRITE IN THIS SPACE