

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J53779

1. Entity Name

PALLADIAN ASSOCIATES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90126 036 \*\*\*150.00

Principal Place of Business

% DAVID N. SEXTON  
 1167 THIRD STREET SOUTH, SUITE 107  
 NAPLES FL 33940

Mailing Address

% DAVID N. SEXTON  
 1167 THIRD STREET SOUTH, SUITE 107  
 NAPLES FL 34102-7037

2. Principal Place of Business

4001 Tamiami Trail North

3. Mailing Address

4001 Tamiami Trail North

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

Suite 404

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

6. Name and Address of Current Registered Agent

SEXTON, DAVID N.  
 1167 THIRD STREET SOUTH  
 NAPLES FL 33940

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, 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 D ☐ Delete  
 NAME WORKMAN, DOUGLAS E.  
 STREET ADDRESS 300 FIFTH AVENUE, SOUTH, #203  
 CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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 800 FIFTH AVE S - #203  
 CITY-ST-ZIP Naples FL 34102

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

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

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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:

*David E. Workman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00