

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54442

1. Entity Name

PALM BEACH ROAMER, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90022 029 ***150.00

Principal Place of Business

1400 CENTREPARK BLVD
SUITE 909
WEST PALM BCH FL 33401

Mailing Address

1400 CENTREPARK BLVD
SUITE 909
WEST PALM BCH FL 33401-7412

2. Principal Place of Business

823 North Olive Ave.

3. Mailing Address

823 North Olive Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Zip

33401

Country

4. FEI Number

59-2794399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, ESQ., F. LEE
1400 CENTREPARK BLVD
SUITE 909
W PALM BCH FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

823 North Olive Avenue

City

West Palm Beach

FL

Zip Code

33401

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 ☐ Delete
NAME D
STREET ADDRESS BAILEY, ESQ., F. LEE
CITY-ST-ZIP 1400 CENTREPARK BLVD
W PALM BCH 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

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 823 North Olive Avenue
CITY-ST-ZIP West Palm Beach, FL 33401

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

561-655-4406

Daytime Phone #

CFR2E034 (9/99)