

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90649 033 \*\*\*150.00

0052362 SP

DOCUMENT # J79338

1. Entity Name

PALMS WEST LIMITED, INC.

Principal Place of Business

Mailing Address

1312-7 MARKET CIRCLE

1312-7 MARKET CIRCLE

#7

#7

PORT CHARLOTTE FL 33953

PORT CHARLOTTE FL 33953

US

US

2. Principal Place of Business

3. Mailing Address

3069 S. McCall Rd

3069 S. McCall Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Englewood FL

Englewood FL

Zip

Zip

Country

Country

34224

Charlotte

34224

Charlotte

4. FEI Number

59-2830950

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

LORD, DENNIS J

1312-7 MARKET CIRCLE

PORT CHARLOTTE FL 33953

Name

Lord, Dennis J.

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

3069 S. McCall Rd.

City

Englewood

FL

Zip Code

34224

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME VSD  
 STREET ADDRESS LORD, DENNIS J.  
 CITY-ST-ZIP 4138 YUCATAN CIRCLE  
 PORT CHARLOTTE FL

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

TITLE ☐ Delete  
 NAME PTD  
 STREET ADDRESS LORD, ETHEL  
 CITY-ST-ZIP 4138 YUCATAN CIRCLE  
 PORT CHARLOTTE FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

CR2E034 (9/01)