

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90130 045 \*\*\*150.00

**DOCUMENT # K15060**

1. Entity Name  
**PALM TRI DESIGNS, INC.**

Principal Place of Business      Mailing Address

(5201 SE INKWOOD WAY) old      (5201 SE INKWOOD WAY) old  
 HOBE SOUND FL 33455      HOBE SOUND FL 33458-2823  
 US      US

2. Principal Place of Business      3. Mailing Address

328 Sweet Bay Circle      328 Sweet Bay Circle  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Jupiter, FL      Jupiter, FL

Zip      Country      Zip      Country

33458      USA      33458      USA

4. FEI Number      Applied For

65-0041951      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NASTRI, SUSAN**  
 (1095 LAKSHORE PLACE) old  
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name      Susan Nastri - same  
 Street Address (P.O. Box Number is Not Acceptable)      328 Sweet Bay Circle new address  
 City      Jupiter, FL      FL      Zip Code      33458

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      *Mastri*      DATE      3/31/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	NASTRI, SUSAN E. DAY - same	5201 SE INKWOOD WAY) old address	HOBE SOUND FL 33455	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Susan E. Day Nastri	328 Sweet Bay Circle	Jupiter - FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:      *Mastri*      DATE      3/31/00      Daytime Phone #      561 625 0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)