

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48006

1. Entity Name

ROBERT M. PALMER P.A.

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

01-19-2000 90019 026 ***150.00

Principal Place of Business

Mailing Address

4800 N. FEDERAL HWY
200E
BOCA RATON FL 33431
US

4800 N FEDERAL HWY STE 200C
200 E
BOCA RATON FL 33431-5188
US

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 N. Federal Hwy.

3. Mailing Address

1200 N. Federal Hwy.

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

211

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0086627

Applied For

Not Applicable

Zip

Country

33432

U.S.A.

Zip

Country

33432

U.S.A.

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

PALMER, ROBERT M.
4800 N FEDERAL HWY STE 200E
STE 220W
BOCA RATON FL 33431

Palmer, Robert M.

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

1200 N. Federal Hwy STE 211

Suite 211

Boca Raton

FL

33432

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME PALMER, ROBERT M.
STREET ADDRESS 4800 N FEDERAL HWY STE 200 E
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☒ Change ☐ Addition
NAME Palmer, Robert M.
STREET ADDRESS 1200 N. Federal Hwy STE 211
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 561/750-0700

CR2E034 (9/99)