

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90329 001 ***317.50

DOCUMENT # K64171

1. Entity Name

PALLADENO ENTERPRISES, INC.

Principal Place of Business

**440 WEST MORSE BLVD
 WINTER PARK FL 32789
 US**

Mailing Address

**440 WEST MORSE BLVD
 PO BOX 1240
 WINTER PARK FL 32789
 US**

26253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

440 W. Morse Blvd
 Suite, Apt. #, etc.

P.O. Box 1240
 Suite, Apt. #, etc.

City & State

City & State

WINTER PARK FLA

WINTER PARK FLA

Zip

Country

Zip

Country

32789

U.S.A.

32790

U.S.A.

4. FEI Number

59-2943072

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

**PALLADENO, DONALD J.
 110 E MORSE BLVD
 SUITE 1
 WINTER PARK FL 32789**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PALLADENO, DONALD J.	
STREET ADDRESS	1800 PINETREE RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Donald J. Palladeno **DONALD J. PALLADENO** **2/6/01** **407-647-1149**

CR2E034 (10/00)