

# 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

*440 W. Morse Blvd*

3. Mailing Address

*P.O. Box 1240*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*WINTER PARK FLA*

City & State

*WINTER PARK FLA.*

4. FEI Number **59-2943072**

Applied For  
 Not Applicable

Zip

Country

*32789*

*U.S.A.*

Zip

Country

*32790*

*U.S.A.*

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Same*  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<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: *Donald Palladeno* **DONALD J. PALLADENO** *2/6/01* **407-647-1149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)