

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K74535**

1. Entity Name
PALMETTO DEVELOPMENT CORP.



Principal Place of Business
C/O D.G. MCHAFFIE
P. O. BOX 777
EAST ELLIJAY GA 30539

Mailing Address
2317 CHEEOKEE CIR
WEST PALM BEACH FL 33409

FILED
04 JUN 30 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

2. Principal Place of Business
P.O. 14043

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ATLANTA, GA

City & State

4. FEI Number
65-0109106

Applied For
Not Applicable

Zip
30324

Country
U.S.

Zip

Country

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

MCHAFFIE, D.G.
2317 CHEROKEE CIRCLE
WEST PALM BEACH FL 33404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCHAFFIE, D.G.
2317 CHEROKEE CIRCLE
WEST PALM BEACH FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500038468185
06/30/04--01044--013 **900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
C. M. FIFE, III
100 BEAVER LAKE DR.
ELLIJAY GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
C.M. FIFE III
172 BLACKLAND DRIVE
ATLANTA, GA 30342

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROBERTA R. HOOD
100 BEAVER LAKE DR, BX 3
ELLIJAY GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
C.M. FIFE, JR
2317 CHEROKEE CIRCLE
WEST PALM BEACH, FL 33409

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D.G. MCHAFFIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/22/04 561-616-5889

CR2E034 (10/02)

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