

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85184

1. Entity Name

PALLADENO DEVELOPMENT COMPANY

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

02-13-2001 90329 001 ***317.50

Principal Place of Business

440 W MORSE BLVD
WINTER PARK FL 32789
US

Mailing Address

440 W MORSE BLVD
WINTER PARK FL 32789

26254

2. Principal Place of Business

440 W. MORSE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK FLA.

City & State

WINTER PARK, FLA.

4. FEI Number

59-2952589

Applied For

Not Applicable

Zip

32789

Country

U.S.A.

Zip

32790

Country

U.S.A.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALLADENO, DON
440 W. MORSE BLVD.
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

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

TITLE D
NAME PALLADENO, MARQUI F.
STREET ADDRESS 1800 PINE TREE RD
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE V
NAME PALLADENO, DON
STREET ADDRESS 440 W MORSE BLVD
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 J. Palladeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. PALLADENO 2/8/01

Date

Daytime Phone #

407-647-1149

0057241

CR2E034 (10/00)