

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 0000000 6014

1. Entity Name

ROBERT PALMER LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2440 ARABIAN TRAIL

3. Mailing Address

2440 ARABIAN TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO BEACH FL

City & State

ORLANDO BEACH FL

4. FEI Number

59 364 4366

Applied For

Not Applicable

Zip

32174-2550

Country

US

Zip

32174-2550

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROBERT PALMER

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

2440 ARABIAN TRAIL

City

ORLANDO BEACH

FL

Zip Code

32174

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

Robert Palmer ROBERT PALMER Managing Member

4/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
ROBERT PALMER
2440 ARABIAN TRAIL
ORLANDO BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
300004163543-1
-05/08/01--01135--026
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert Palmer ROBERT PALMER Managing Member

4/20/01

904 671 1572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)