

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90044 033 \*\*\*150.00

**DOCUMENT # L27749**

1. Entity Name  
**FLORIDA PALM INVESTMENTS, INC.**

Principal Place of Business

1385 WINDING OAKS CIR W  
 703 B  
 VERO BEACH FL 32963  
 US

Mailing Address

1385 WINDING OAKS CIR W.  
 703 B  
 VERO BEACH FL 32963  
 US

2. Principal Place of Business

1511 NW 54<sup>th</sup> DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address

1511 NW 54<sup>th</sup> DRIVE  
 Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

65-0161371

Applied For

Not Applicable

Zip

Country

32605

USA

Zip

Country

32605

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, PATRICIA  
 1385 WINDING OAKS CIR W  
 VERO BCH FL 32963

7. Name and Address of New Registered Agent

(Name) ~~JANE~~ PATRICIA LOPEZ  
 Street Address (P.O. Box Number is Not Acceptable)  
 1511 NW 54<sup>th</sup> DRIVE  
 Gainesville, Florida  
 City FL Zip Code 32605

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

*Patricia Lopez Pres, Secy TREAS* 2/14/02

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, 2002 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	PST LOPEZ, PATRICIA 1385 WINDING OAKS CIR W. #703 B VERO BEACH FL 32963	<input checked="" type="checkbox"/> Delete ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICIA LOPEZ PST 1511 NW 54 <sup>th</sup> DRIVE GAINESVILLE, FLORIDA 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Patricia Lopez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres Secy Treas 2/20/02*  
 Date (2/20/02) Payphone Phone (222)

CR2E034 (9/01)