

**2000-UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L71143**

1. Entity Name

**PALM BEACH JOINT TITLE PLANT, INC.****FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90012 018 \*\*\*150.00

Principal Place of Business	Mailing Address
3900 WOODLAKE BLVD STE 312 GREENACRES FL 33463 US	3900 WOODLAKE BLVD STE 312 GREENACRES FL 33463-3046 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State

Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<b>65-0201064</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>KNEEN, JEFFREY D.</b> <b>1400 CENTREPARK BLVD.</b> <b>WEST PALM BEACH FL 33401</b>	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.

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GREENFIELD, BRUCE 685 ROYAL PALM BCH BLVD #101 ROYAL PALM BCH FL	TITLE	D/VP Greenfield Bruce 685 Royal Palm Beach Blvd #101 Royal Palm Beach, FL
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D JANNEN, KATHLEEN ONE FINANCIAL PLAZA #105 FT LAUDERDALE FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GREENFIELD, BRUCE 200 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33431	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MCCORMICK, MIKE 2701 GATEWAY DR POMPANO BCH FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP GLASS, MIKE 1489 N MILITARY TRAIL WEST PALM BEACH FL	TITLE	D Glass, Mike 1555 Palm Beach Lakes Blvd, #1000 West Palm Beach, FL 33401
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BELLAMY, GLENDA 2161 PALM BCH LAKES BLVD WEST PALM BCH FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

**Albert E. Martel**  
**Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #