2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

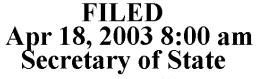
DOCUMENT # 1. Entity Name

L71640

PALAM, INC.



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



04-18-2003 90190 047 ***150.00

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Principal Place of Business 3256 COQUINA KEY DR SE ST. PETERSBURG FL 33705 Mailing Address 3256 COQUINA KEY DR SE ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705		· -							
2. Principal F	Place of Business	3. Mailing Address				il foil filli bibli]]]]]]]]]]]]	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING C	HANGES		
City & Star	te	City & State*		4	59-3010289			oplied For ot Applicable	1
Zip	Country	Zip	Country	5	. Certificate of Status Desired		8.75 Add	ditional	Ĺ
	6. Name and Address of Current	Registered Agent		7	Name and Address of New R	egistered Ag	ent		j~
			Nan	ne]
Lambert, John 3256 Coquina Key Drive, Se		Stre	Street Address (P.O. Box Number is Not Acceptable)						
	RSBURG FL 33705				7		······································		
	t		City			FL	Zip Cod	е	l
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent		its registered office OTE: Registered Agent s			DATE	niliar with,	and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Fir Trust Fund Contributio	· · ·		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11	ĺ.
TITLE NAME STREET ADORESS CITY-ST-ZIP	P LAMBERT, JOHN 3256 COQUINA KEY DR SE ST PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			□ Change	☐ Addition	70070
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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: