

2001 UNIFORM BUSINESS REPORT (UBR)

0023790 AF

DOCUMENT # L990000080781. Entity Name
PALM INDIAN, LLC**FILED****01 FEB -5 AM 9:56****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business
**2000 NORTH KINGS HIGHWAY
FT. PIERCE FL**Mailing Address
**PO BOX 670
FT. PIERCE FL 34954**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0991542** **APPLIED FOR**Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTON, MICHAEL D
1903 SOUTH 25TH ST., SUITE 200
FT. PIERCE FL 34947**

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 _____ (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 NAME ☐ Delete
**MGR
TRIPLE M INVESTMENT COMPANY
PO BOX 670
FT. PIERCE FL 34954**TITLE NAME ☐ Change ☐ Addition
**100003677901--4
-02/14/01--01001--001
*****50.00 *****50.00**TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
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:

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

John L. Minton, President**Manager, Triple M Investment Company**

Date

Daytime Phone #

CR2E083 (11/00)