

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80303

1. Entity Name

QUEEN PALM INVESTMENTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90027 014 ***150.00

Principal Place of Business

Mailing Address

8445 INTERNATIONAL DR.
~~#132~~ **#123**
 ORLANDO FL 32819
 US

7046 FISHER ST.
 ORLANDO FL 32835-1808
 US

A0026187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8445 International Dr.

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 123

City & State

City & State

Orlando, FL.

4. FEI Number 59-2888601

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~WEBER, SUSAN~~
 7046 FISHER STREET
 ORLANDO FL 32835

Susan Keppler

Same

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 PTD ☐ Delete
 NAME WEBER, SUSAN
 STREET ADDRESS 7046 FISHER STREET
 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
 NAME Keppler, Susan
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME MARTIN, MONIQUE
 STREET ADDRESS 4575 S SUNSTONE RD #126
 CITY-ST-ZIP TAYLORSVILLE UT 84123

TITLE ☐ Change ☐ Addition
 NAME 1083 S. Hiawatha Rd. #126
 STREET ADDRESS
 CITY-ST-ZIP Orlando, FL. 32835

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
 NAME
 STREET ADDRESS
 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:

Monique Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

Daytime Phone

407-345-2848

CR2E034 (9/99)