

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-22-2002 90102 050 ****61.25

DOCUMENT # NO1000000541

1. Entity Name

PALM COAST BUSINESS AND PROFESSIONAL NETWORK, IN C.

Principal Place of Business

Mailing Address

40 CRYSTAL BAY COURT
 PALM COAST FL 32137

40 CRYSTAL BAY COURT
 PALM COAST FL 32137

2. Principal Place of Business

39 BARRISTER LANE

Suite, Apt. #, etc.

3. Mailing Address

39 BARRISTER LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM COAST, FL

City & State

PALM COAST, FL

4. FEI Number

59-3094362

Applied For

Not Applicable

Zip

32137

Country

FLAGLER

Zip

32137

Country

FLAGLER

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**NOWELL, SIDNEY M ESQ.
 4 OLD KINGS ROAD NORTH
 SUITE B
 PALM COAST FL 32137**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JOHN F	
STREET ADDRESS	40 CRYSTAL BAY COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOREAU, ERNIE	
STREET ADDRESS	39 BARRISTER LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASHBURN, SUSAN	
STREET ADDRESS	1011 N. CENTRAL AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, COLLEEN	
STREET ADDRESS	26 KALAMAZOO TRAIL	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DEPTAS, ANA (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9 FORGE LN	
STREET ADDRESS	PALM COAST, FL 32137	
CITY-ST-ZIP		
TITLE	BETTY PLOTT (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	138 PALM COAST PARKWAY # 317	
STREET ADDRESS	PALM COAST, FL 32137	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

DO NOT SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (386, 445-0262)

CR2E037 (9/01)

Attachment 36492

NO/0000000341

Enclosed please find
the FBI # on the
2002 report.

Thank you