

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90343 037 ****61.25

DOCUMENT # N01000000541

1. Entity Name

PALM COAST BUSINESS AND PROFESSIONAL NETWORK, IN C.



Principal Place of Business

**39 BARRISTER LN
PALM COAST FL 32137**

Mailing Address

**39 BARRISTER LN
PALM COAST FL 32137**

11036263



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3694362**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** NAME **PARKER, JOHN F** ☒ Delete
STREET ADDRESS **40 CRYSTAL BAY COURT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** NAME **Claudia Nagle** ☐ Change ☒ Addition
STREET ADDRESS **36 west Hampton DR**
CITY-ST-ZIP **Palm Coast FL 32144**

TITLE **D** NAME **MOREAU, ERNIE** ☐ Delete
STREET ADDRESS **39 BARRISTER LANE**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** NAME **Kym Godwin** ☐ Change ☒ Addition
STREET ADDRESS **# 217 ST. JOE PLAZA**
CITY-ST-ZIP **Palm Coast FL 32144**

TITLE **D** NAME **DEHANS, ANA** ☒ Delete
STREET ADDRESS **9 FORGE LN**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** NAME **Darryl Dore** ☐ Change ☒ Addition
STREET ADDRESS **32 Pinecottage Lane**
CITY-ST-ZIP **Palm Coast FL 32144**

TITLE **D** NAME **PLOTT, BETTY** ☒ Delete
STREET ADDRESS **138 PALM COAST PKWY #317**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** NAME **Ken Swanson** ☐ Change ☒ Addition
STREET ADDRESS **531 cypress Edge DR**
CITY-ST-ZIP **Palm Coast FL 32144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

3804477184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)