

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90050 033 ****61.25

0013757

DOCUMENT # N16413

1. Entity Name

PALM BAY SERTOMA, INC.

Principal Place of Business

**C/O BENJAMIN Y. SAXON
111 SOUTH SCOTT STREET
MELBOURNE FL 32901-1262**

Mailing Address

**C/O BENJAMIN Y. SAXON
111 SOUTH SCOTT STREET
MELBOURNE FL 32901-1262**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2635661**

Applied For
Not Applicable

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

**SAXON, BENJAMIN Y.
111 SOUTH SCOTT STREET
MELBOURNE FL 32901**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HAZELTON, BRUCE**
STREET ADDRESS **1131 COX AVE NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **PD** ☒ Change ☐ Addition
NAME **DAY, DANIEL A.**
STREET ADDRESS **1536 RAINVILLE Rd.**
CITY-ST-ZIP **Palm Bay, FL 32909**

TITLE **SD** ☒ Delete
NAME **HARTMAN, PEGGY**
STREET ADDRESS **3146 HIELD ROAD**
CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **SD** ☒ Change ☐ Addition
NAME **HARTMANN, FRED**
STREET ADDRESS **3140 HIELD Rd.**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **TD** ☐ Delete
NAME **WHITE, BETTY**
STREET ADDRESS **PO BOX 305 (4520 SAND POINT RD)**
CITY-ST-ZIP **GRANT FL 32949**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Betty L. White** / **321** 724-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)