## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 25, 2002 8:00 am **DOCUMENT # N18912 Secretary of State** PALM 'N PINE ASSOCIATION, INC. 03-25-2002 90195 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 1016 SUPERIOR ST 1016 SUPERIOR ST LOT 108 **LOT 108** FT MYERS FL 33916 FT MYERS FL 33916 US 2. Principal Place of Business 3. Mailing Address 016 Superior Suite, Apt. #, etc Suite, Apt. #, et DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROHR, MARY 1016 SUPERIOR STREET, LOT 108 FORT MYERS FL 33916 Zip Code · 339/6 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. 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD (9/01) **⊠** Delete TITLE ☐ Addition THILE Paul Shade SAUER, JAMES D NAME NAME 1016 superior 5t. Lot 63 STREET ADDRESS 1016 SUPERIOR STREET, LOT #58 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 Change ☐ Addition TITLE KI Delete TITLE Le Roy Mc Donnold 441 1016 Superior Lot 41 Ft. Myers FL 339/6. SHADE, PAUL NAME NAME 1016 SUPERIOR STREET, LOT #63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 TD Change Delete Lillian VanZee # 1016 Superior Lot 124 ROHR, MARY NAME 1016 SUPERIOR STREET, LOT #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: SIGNATURE PROTECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR