

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0037323

**DOCUMENT # N93000005741**

1. Entity Name

**PALETTE, MASK AND LYRE STUDIO THEATRE, INC.**

04-01-2002 90651 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5912 STRAWBERRY LAKES CIRCLE  
 LAKE WORTH FL 33463

5912 STRAWBERRY LAKES CIRCLE  
 LAKE WORTH FL 33463

**CHANGE**  
**4-**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**215 First Ave. So**

3. Mailing Address

**215 First Ave So**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3**

**3**

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

Zip

**33460**

Country

**USA**

Zip

**33460**

Country

**USA**

4. FEI Number

**65-0478705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GALO-GARNER, JOANNE-SANDRA**  
**5912 STRAWBERRY LAKES CIRCLE**  
**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

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

*Joanne Sandra Galo-Garner - Director*  
 Signature typed or printed name of registered agent and title if applicable  
**JOANNE SANDRA GALO-GARNER**

DATE

**3/20/02**

**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** ☐ Delete  
 NAME **GALO-GARNER, JOANNE S**  
 STREET ADDRESS **5912 STRAWBERRY LAKES CIRCLE**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete  
 NAME **GARNER, PAUL C**  
 STREET ADDRESS **5912 STRAWBERRY LAKES CIRCLE**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☒ Delete  
 NAME **GALO, DAN**  
 STREET ADDRESS **15715 MEADOW WOOD DRIVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
 NAME **DANIEL BURRESS**  
 STREET ADDRESS **4248 MELALEUCA LANE**  
 CITY-ST-ZIP **LAKE WORTH, FL 33460**

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

TITLE ☐ Change ☐ Addition  
 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: *Joanne Sandra Galo-Garner* **3/20/02** **561-585-8312**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)