

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90300 005 \*\*\*\*61.25

**DOCUMENT # N93000005741**

1. Entity Name  
**PALETTE, MASK AND LYRE STUDIO THEATRE, INC.**



Principal Place of Business

**215 FIRST AVENUE S  
SUITE 3  
LAKE WORTH FL 33460  
US**

Mailing Address

**215 FIRST AVENUE S  
SUITE 3  
LAKE WORTH FL 33460  
US**

**11019846**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0478705**

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

**GALO-GARNER, JOANNE-SANDRA**

**5912 STRAWBERRY LAKES CIRCLE**

**LAKE WORTH FL 33463**

**215 1st Ave So #3**

**LAKE WORTH, FL 33460**

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

*Joanne Sandra Galo-Garner*

**4/19/03**

Signature, typed or printed name of registered agent and date 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GALO-GARNER, JOANNE S</b>	
STREET ADDRESS	<b>5912 STRAWBERRY LAKES CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARNER, PAUL C</b>	
STREET ADDRESS	<b>5912 STRAWBERRY LAKES CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURRESS, DANIEL</b>	
STREET ADDRESS	<b>4248 MELALEUCA LANE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREE, BETH</b>	
STREET ADDRESS	<b>215 1st Ave So #3</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALO-GARNER JOANNE S</b>	
STREET ADDRESS	<b>215 1st Ave So #3</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARNER, PAUL C.</b>	
STREET ADDRESS	<b>215 1st Ave So #3</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 an other like empowered.

SIGNATURE:

*Joanne Sandra Galo-Garner*

**4/18/03 561-585-8312**

CR2E037 (10/02)