

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

0075583

DOCUMENT # N94000006108

1. Entity Name
THE PALM BAY DEVELOPMENT CORPORATION



APPROVED
AND
FILED

03 APR -2 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND

[Handwritten signature]



03 APR -2 AM 3:57

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**11280 C.R. 507
FELLSMERE FL 32948
US**

Mailing Address
**P O BOX 279
FELLSMERE FL 32948
US**

2. Principal Place of Business
10 N. Cypress St

3. Mailing Address

Suite, Apt. #, etc.

City & State
Fellsmere FL

City & State

Zip
32948 Country
USA

4. FEI Number **59-2298248** Applied For
TALLAHASSEE, FLORIDA Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, W.J.
217 S. ADAMS STREET
TALLAHASSEE FL 32302**

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

SIGNATURE _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, TOM B 11550 COUNTY ROAD #507 FELLSMERE FL 32948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, CHRISTAL 10 N CYPRESS FELLSMERE FL 32948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGISTER, GEORGE 10 N CYPRESS FELLSMERE FL 32948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adams, Tom B. 10 N. Cypress St Fellsmere, FL 32948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thompson, Jodie 10 N. Cypress St Fellsmere, FL 32948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Adams III, Tom B. 10 N. Cypress St Fellsmere, FL 32948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018577737 05/09/03--01005--007 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Handwritten signature]* **Tom Adams 32948 772-571-051**

CR2E037 (10/02)