

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002588

1. Entity Name

PALM BEACH BUSINESS ASSOCIATES, INC.

FILED

Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90084 011 ****61.25

Principal Place of Business

Mailing Address

C/O TIMOTHY SHEEHAN
712 US HWY 1 #301
NORTH PALM BEACH FL 33408

C/O TIMOTHY SHEEHAN
712 US HWY 1 #301
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0591329

Applied For

Not Applicable

Zip 33418

Country USA

Zip

Country USA

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

SHEEHAN, TIMOTHY
712 US HWY 1
SUITE 301
NORTH PALM BEACH FL 33408

Name Audrey Hoffmann President
Street Address (P.O. Box Number is Not Acceptable)
1301 VISION DR
City Palm Beach Gardens FL Zip Code 33418

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	D	<input type="checkbox"/> Delete
NAME	JOHANSEN, GAY	
STREET ADDRESS	14257 US HWY 1	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHEEHAN, TIMOTHY	
STREET ADDRESS	712 US HWY 1, #301	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, RICK	
STREET ADDRESS	14263 US HWY 1	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HILL, ALAN	
STREET ADDRESS	742 NORTHLAKE BLVD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POSEY, TATE	
STREET ADDRESS	9850 ALT A1A #507	
CITY-ST-ZIP	PALM BEACH GRDNS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN Beard	
STREET ADDRESS	17369 128TH AVE N	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Liebman	
STREET ADDRESS	90 Martins Jewellers	
CITY-ST-ZIP	1264 N Military Tr West Palm Beach FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE:

SIGNATURE: [Signature]

1/17/02 561-835 2133

CR2E037 (9/01)