2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90002 020 ****61.25

DOCUMENT # N95000006003

1. Entity Name

PALM TRAN, INC.

Principal Place of Business	Mailing Address
301 NORTH OLIVE AVE., STE. 1101 WEST PALM BEACH FL 33401	3201 ELECTRONICS WAY WEST PALM BEACH FL 33407-4618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0627086 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FINKE, ROBERT W
3201 ELECTONICS WAY
EXECUTIVE DIRECTOR
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: PERRY J. MAULL, EXECUTIVE DIRECTOR
Street Address (P.O. Box Number is Not Acceptable): 3201 ELECTRONICS WAY
City: WEST PALM BEACH **FL** Zip Code: 33407-4618

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: Perry J. Maull PERRY J. MAULL, EXECUTVE DIRECTOR 2.24.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEISMAN, ROBERT 301 NORTH OLIVE AVE 12TH FL WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, MAUDE FORD 301 NORTH OIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AARONSON, BURT 301 NORTH OLIVE AVE., 12TH FL. WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASILOTTI, TONY 301 NORTH OLIVE AVE., 12TH FL WEST PALM BEACH, FL 33401	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCUS, KAREN T 301 NORTH OLIVE AVE., 12TH FL. WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, CAROL A 301 NORTH OLIVE AVE., 12TH FL. WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWELL, WARREN H 301 NORTH OLIVE AVE., 12TH FL. WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTY, MARY 301 NORTH OLIVE AVE., 12TH FL. WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Robert Weisman ROBERT WEISMAN 2/25/00 (561) 355-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #