

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90266 001 \*\*\*\*61.25

DOCUMENT # N96000006279

1. Entity Name

PALM-NET, PALM BEACH COUNTY ENVIRONMENTAL NETWORK

Principal Place of Business

6301 SUMMIT BLVD  
W. PALM BEACH FL 33415

Mailing Address

6301 SUMMIT BLVD  
W. PALM BEACH FL 33415

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

65-0712420

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

OPPER, MARILYNN  
6301 SUMMIT BLVD  
W. PALM BEACH FL 33415

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

*Marilynn Oppen* MARILYNN OPPE 1/29/01  
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 DV ☐ Delete  
NAME PATRICIA WELCH  
STREET ADDRESS 6809 HAMMOCK LANE  
CITY-ST-ZIP WEST PALM BCH FL 33411

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

TITLE DP ☐ Delete  
NAME STEVE BASS  
STREET ADDRESS 1801 N OCEAN BLVD  
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE SD ☒ Delete  
NAME BRENNAN, KAY  
STREET ADDRESS 2308 ASPEN WAY  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☒ Change ☐ Addition  
NAME *Secretary*  
STREET ADDRESS *Brenda Duffey*  
CITY-ST-ZIP *2065 Prairie Rd*  
*West Palm Beach, FL 33406*

TITLE DT ☐ Delete  
NAME MARILYNN OPPE  
STREET ADDRESS 14756 92ND CT N  
CITY-ST-ZIP WEST PALM BCH FL 33412

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Marilynn Oppen* TREASURER MARILYNN OPPE 1/29/01 SB 1-802-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)