2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006279

FILED May 01, 2002 8:00 AM Secretary of State

Entity Name: PALM-NET, PALM BEACH COUNTY ENVIRONMENTAL NETWORK, INC,

Current Principal Place of Business: New Principal Place of Business: 6301 SUMMIT BLVD W. PALM BEACH, FL 33415 **Current Mailing Address: New Mailing Address:** 6301 SUMMIT BLVD W. PALM BEACH, FL 33415 FEI Number: 65-0712420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OPPER, MARILYNN WELCH, PATRICIA 6301 SÚMMIT BLVD 6301 SUMMIT BLVD W. PALM BEACH, FL 33415 W. PALM BEACH, FL 33415 US US 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: PATRICIA A. WELCH 05/01/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATRICIA WELCH, Name: Name: 6809 HAMMOCK LANE Address: Address: City-St-Zip: WEST PALM BCH, FL 33411 City-St-Zip: Title: Title: () Delete () Change () Addition Name: STEVE BASS, Name: Address: 1801 N OCEAN BLVD Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition DUFFEY, BRENDA Name: Name: 2065 PRAIRIE RD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: MARILYNN OPPER, Name: Address: 14756 92ND CT N Address: City-St-Zip: WEST PALM BCH, FL 33412 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. WELCH TRES 05/01/2002