

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006384

1. Entity Name

FIRST PRIORITY PALM BEACH COUNTY, INC.

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 026 ****61.25

Principal Place of Business

Mailing Address

6542 HYPOLUXO ROAD
 #307
 LAKE WORTH FL 33467

6542 HYPOLUXO ROAD
 #307
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

3125 FORTUNE WAY

3125 FORTUNE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13

13

City & State

WELLINGTON FL

City & State

WELLINGTON, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0799464

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

BROWER, DAVID W
 6542 HYPOLUXO ROAD
 #307
 LAKE WORTH FL 33467

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9.2.02

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
 PTSD
 BROWER, DAVID W
 6228 LANSLOWNE CIRCLE
 BOYNTON BEACH FL 33437 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TRUSTEE
 MICHAEL LUKASZEWSKI
 3360 CITATION DR
 GREEN COVE SPRINGS, FL 32043 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 SCALICI, STEVE
 6305 MICHAEL ST
 PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 MOORE, JOSEPH P
 17680 OAKWOOD AVENUE
 BOCA RATON FL 33487 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 DEWITT, SONYA
 1093 NORTH UMBERLAND CRT
 WEST PALM BEACH FL 33414 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 SCHUMACHER, JERRY
 517 MARLIN RD
 NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 MAUSER, BILL
 6064 STRAWBERRY LAKES CIR
 LAKE WORTH FL 33463 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.2.02

561.793.6889

Date

Daytime Phone #

CR2E037 (9/01)