

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90148 033 ****61.25

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DOCUMENT # N98000003910

1. Entity Name

POETS OF THE PALM BEACHES, INC.

Principal Place of Business

**1451 E. LIBBY DR.
W. PALM BCH FL 33406**

Mailing Address

**P. O. BOX 1434
LAKE WORTH FL 33460-1434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0856057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WHITING, PATRICIA
1451 E. LIBBY DR.
W. PALM BCH FL 33406**

Name **JACK ELLIS**

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

10413 B Quailwood Road

City **Boynton Beach**

FL

Zip Code **33436**

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

Jack L. Ellis

JACK L. ELLIS

1-15-01

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 **DP** ☐ Delete
NAME **PALOZZI, JOHN**
STREET ADDRESS **PO BOX 1434**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **DS** ☐ Change ☒ Addition
NAME **Marjorie Wolfson**
STREET ADDRESS **PO Box 1434**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **DV** ☐ Delete
NAME **SCHETTLER, CHARLES**
STREET ADDRESS **PO BOX 1434**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **PT** ☐ Change ☒ Addition
NAME **JACK ELLIS**
STREET ADDRESS **10413 B QUAILWOOD ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **DV** ☐ Delete
NAME **BARLETT, DONNA**
STREET ADDRESS **PO BOX 1434**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **DS -> DV** ☐ Delete
NAME **DUNCAN, NORMA**
STREET ADDRESS **PO BOX 1434**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **DT** ☒ Delete
NAME **WHITING, PATRICIA**
STREET ADDRESS **PO BOX 1434**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE **DV** ☒ Delete
NAME **COLLINS, I RENAI**
STREET ADDRESS **P O BOX 1434**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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 the empowered.

SIGNATURE: *John Palozzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN PALOZZI, PRES.

Date

Daytime Phone #

1/15/01 361-588-9829

CR2E037 (10/00)