

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90005 014 \*\*\*150.00

**DOCUMENT # P00000027915**

1. Entity Name

**PALERMO STABLE CORPORATION**

Principal Place of Business

**3887 CRESTWOOD CIRCLE  
 WESTON FL 33331**

Mailing Address

**3887 CRESTWOOD CIRCLE  
 WESTON FL 33331**

**60070887**

2. Principal Place of Business

**1378 WESTON ROAD**

3. Mailing Address

**1378 WESTON ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**WESTON FLORIDA**

City & State

**WESTON FLORIDA**

4. FEI Number

**65-0996676**

Applied For

Not Applicable

Zip

Country

**33326**

Zip

Country

**33326**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**EDENBURG DAVID  
 3887 CRESTWOOD CIRCLE  
 WESTON FL 33331**

7. Name and Address of New Registered Agent

Name  
**EDENBURG DAVID**

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

**1378 WESTON ROAD**

City  
**WESTON**

**FL**

Zip Code

**33326**

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. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
**PSD**  
 NAME  
**EDENBURG DAVID** ☐ Delete  
 STREET ADDRESS  
**3887 CRESTWOOD CIRCLE**  
 CITY-ST-ZIP  
**WESTON FL 33331**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSD**  
 NAME  
**EDENBURG DAVID** ☒ Change ☐ Addition  
 STREET ADDRESS  
**1378 WESTON ROAD**  
 CITY-ST-ZIP  
**WESTON FL 33326**

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/29/01**

CR2E034 (11/00)