2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91749 017 ***150.00

DOCUMENT # P00000034250

1. Entity Name
PALM STRATEGIES, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
135 1st Street East		135 1st Street East	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101	
City & State Tierra Verde FL		City & State Tierra Verde FL	
Zip 33715	Country	Zip 33715	Country

4. FEI Number 59-3637517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Joe R Johnson III
Street Address (P.O. Box Number is Not Acceptable) 135 1st Street East
#101
City Tierra Verde **FL** Zip Code 33715

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 Joe R. Johnson III
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	Joe R. Johnson III
STREET ADDRESS	135 1st Street East #101
CITY-ST-ZIP	Tierra Verde FL 33715
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joe R. Johnson III 727-864-0943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #