

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90131 035 ***150.00

DOCUMENT # P00000035637

1. Entity Name
JOSEPH G. AND ERIN T. PALMER ART GALLERIES, INC.



Principal Place of Business Mailing Address
~~110 AVENUE E COCO PLUM P.O. BOX #500178~~ ~~110 AVENUE E COCO PLUM P.O. BOX #500178~~
MARATHON FL 33050 MARATHON FL 33050

2. Principal Place of Business **JOSEPH G PALMER INC.** 3. Mailing **Joseph G Palmer M.D.**
386 ORANGE AVE. **P.O. Box #500178**
MARATHON FL. MARATHON, FL 33050

City & State **MARATHON FL.** City & State **MARATHON FL.**
Zip **33050** Country **U.S.A.** Zip **33050** Country **U.S.A.**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0998237** Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MANZ, DAVID L ESQ.
5800 OVERSEAS HIGHWAY
MARATHON FL 33050

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D PRESIDENT** ☐ Delete
NAME **PLAMER, JOSEPH G M.D.**
STREET ADDRESS **110 AVENUE E COCO PLUM P.O. BOX #500178**
CITY-ST-ZIP **MARATHON FL 33050 - 386 ORANGE AVE.**

TITLE **D** ☒ Delete
NAME **PALMER, GERTRUDE**
STREET ADDRESS **110 AVENUE E COCO PLUM P.O. BOX #500178**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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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 607, 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 like empowered.

SIGNATURE: SIGNATURE REQUIRED *Joseph G Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSEPH G PALMER** Date **3-24-03** Daytime Phone # **305**

CR2E034 (10/02)