

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037561

1. Entity Name

TALL PALMS, INC.

FILED

Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90029 013 \*\*\*150.00

Principal Place of Business

2198 MAIN STREET  
SARASOTA FL 34237

Mailing Address

2198 MAIN STREET  
SARASOTA FL 34237

00032688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1648 REDWOOD ST.

Suite, Apt. #, etc.

1648 REDWOOD ST

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

65-0999248

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34231

Country

SARASOTA

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

JAEWSCH, P. CHRISTOPHER  
2198 MAIN STREET  
SARASOTA FL 34237

Name

JAKUBIUK JANEK

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

1648 REDWOOD ST.

City

SARASOTA

FL

Zip Code

34231

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]* Vice Pres JAKUBIUK JANEK

(NOTE: Registered Agent signature required when reinstating)

DATE

04-05-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KIABA, ANTON	
STREET ADDRESS	5241 FAR OAK CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAKUBIUK, JANEK	
STREET ADDRESS	5241 FAR OAK CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIABA ANTON	
STREET ADDRESS	1648 REDWOOD ST.	
CITY-ST-ZIP		
TITLE	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKUBIUK JANEK	
STREET ADDRESS	1648 REDWOOD ST.	
CITY-ST-ZIP	SARASOTA FL. 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

04-05-01

Date

941 915 0231

941 915 0205

Daytime Phone #

CR2E034 (10/00)