

2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2001 8:00 am Secretary of State

04-30-2001 90406 001 ***150.00

DOCUMENT # P00000050273

1. Entity Name
~~SOUTHERN CROSS GEMSTONES, INC.~~ *NAME CHANGE TO*
~~PALM HOUSE PUBLISHING INC.~~ *IN 1/12/00*

Principal Place of Business
~~822 HUNTSVILLE ROAD~~
~~GOTHA FL 34734~~

Mailing Address
822 HUNTSVILLE ROAD
GOTHA FL 34734

2. Principal Place of Business
3210 DADE AVE

3. Mailing Address
3210 DADE AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3650768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, RONNIE J
822 HUNTSVILLE ROAD
GOTHA FL 34734

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2021 WATER KEY DR.
City
WINDERMERE
Zip Code
34786

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: *Ronnie J. Jones* DATE: 4-13-01

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, RONNIE J 822 HUNTSVILLE ROAD GOTHA FL 34734	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2021 WATER KEY DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, MARYJO T 822 HUNTSVILLE ROAD GOTHA FL 34734	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2021 WATER KEY DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronnie J. Jones* DATE: 5/17/01 PHONE: 407/228-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)