

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90459 017 ***150.00

DOCUMENT #

P00000081438

1. Entity Name

PALMER RANCH REALTY AND MANAGEMENT, INC.

Principal Place of Business**Mailing Address**2100 Constitution Ave., #138
Sarasota, FL 34231

Same

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1074229

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**Andre R. Perron, Esquire
OZARK & PERRON, P.A.
2808 Manatee Avenue West
Bradenton, FL 34205**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.****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**President, Director
Keith Cowden
2100 Constitution Blvd., Ste. 138
Sarasota, FL 34231☐ 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**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

KEITH W. COWDEN

Date**Daytime Phone #**

129-01 941-925-2100

CR2E034 (11/00)