

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90355 032 \*\*\*150.00

**DOCUMENT # P00000088818**

1. Entity Name  
**PALUMBO ASSOCIATES, INC.**

Principal Place of Business

**8871 MISTY CREEK DRIVE  
SARASOTA FL 34241**

Mailing Address

**8871 MISTY CREEK DRIVE  
SARASOTA FL 34241**

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 **65-1042937**

Applied For

Not Applicable

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

**PALUMBO, GENNARO  
8871 MISTY CREEK DRIVE  
SARASOTA FL 34241**

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 ☐ Delete  
NAME **D PALUMBO, SANDRA A**  
STREET ADDRESS **8871 MISTY CREEK DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE ☐ Delete  
NAME **D PALUMBO, GENNARO**  
STREET ADDRESS **8871 MISTY CREEK DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE ☐ Delete  
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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:

*Sandra A. Palumbo, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-10-02 203-265-4373*  
Date Daytime Phone #

CR2E034 (4/02)

Attachment

# P00000088818

7/10/02

120718

TO: FLORIDA DEPT OF STATE

FROM: PALUMBO ASSOC. INC.

WE NEVER RECEIVED THE 2002 UNIFORM  
BUSINESS REPORT (UBR) UNTIL YESTERDAY

7/9/02. (POSTMARK DATE CAN BE SENT ON REQUEST)

PLEASE WAIVE THE PENALTY

ENCLOSED IS OUR CHECK FOR \$150<sup>00</sup>

THANK YOU FOR YOUR HELP.

SINCERELY

Sandra A. Palumbo, Pres.

SANDRA A. PALUMBO, PRES.