

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000005026**

1. Entity Name

PALM WAVE REALTY, INC.

FILED

02 OCT -7 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0130610

Principal Place of Business

1500 S OLIVE AVE
W PALM BCH FL 33401

Mailing Address

1500 S OLIVE AVE
W PALM BCH FL 33401

2. Principal Place of Business

1531 N. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

1531 N. Federal Hwy
Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

11-3646954

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

HORAN, JOHN W
1500 S OLIVE AVE
W PALM BCH FL 33401

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME *President*
STREET ADDRESS *John W. Horan*
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME *President*
STREET ADDRESS *John W. Horan*
CITY-ST-ZIP *1500 S. Olive Ave.*
*West Palm Beach, FL 33401*TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 (541547278)

Date

Daytime Phone #