

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90006 025 ***150.00

DOCUMENT # P01000011568

1. Entity Name
PALMCO SOLUTIONS, INC.

Principal Place of Business

2456 SYLVAN CIRCLE
ORANGE PARK FL 32073

Mailing Address

2456 SYLVAN CIRCLE
ORANGE PARK FL 32073

2. Principal Place of Business

2456 SYLVAN CHASE

3. Mailing Address

2456 SYLVAN CHASE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

Country

32073

US

Zip

Country

32073

US

4. FEI Number

22-3783290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMATIER, SHARON
2456 SYLVAN CIRCLE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

2456 SYLVAN CHASE

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, 2002 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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT-CEO
STREET ADDRESS	SHARON B. PALMATIER
CITY-ST-ZIP	2456 SYLVAN CHASE
	ORANGE PARK, FL 32073
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	ROBERT J. PALMATIER
CITY-ST-ZIP	2456 SYLVAN CHASE
	ORANGE PARK, FL 32073
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: *Robert J. Palmatier* ROBERT J. PALMATIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 (904) 278-8665

Date Daytime Phone #

CR2E034 (9/01)