2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012490

1. Entity Name

PALM ISLAND, INC.

Principal Place of Business	Mailing Address
C/O 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904	C/O 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904

9 3 0 7 2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number ☒ Applied For / ☐ Not Applicable
Zip	Country	Zip	Country	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
WRIGHT, CHRISTINE F 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL FL 33904	Name Darrin R. Schitt Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Parkway Suite C City Cape Coral FL Zip Code 33904

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 _____ Darrin R. Schitt _____ 6-3-02

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOELDNER, TORSTEN 4020 S.W. 27TH COURT CAPE CORAL FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOELDNER, MONIKA 4020 S.W. 27TH COURT CAPE CORAL FL 33914	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ T. GOELDNER _____ 04/01/02   0149 8151 970308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

(Attachment
93072

LAW OFFICES OF
SEEMANN & SCHUTT, P.A.
Attorneys and Counselors at Law
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Cape Coral, Florida 33904
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e-mail: usanwall@mindspring.com
www.seemannandschutt.com

Darrin R. Schutt   Ernest A. Seemann
Admitted in Fl. & Ga.   *of Counsel*

June 3, 2002

Secretary of State
Division of Corporations
Records Section
P.O. Box 6327
Tallahassee, Florida   32314

RE: **PALM ISLAND, INC.**
      Document No. P01000012490
      FEI Number

Dear Sir or Madam:

Please accept this UBR for the above corporation that was sent back because of a
missing FEI number. The form was lost in our mail, which is why it was not returned
within the thirty days following the date of your notice.

We ask that you please permit us to file this document without having to pay the late
fee.

Should you have any questions, please feel free to contact me.

Sincerely, -

Darrin R. Schutt, Esq.

Enclosure