

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90173 001 ***150.00

0499034 JV

DOCUMENT # P01000012623

1. Entity Name
PALMCO OF NAPLES, INC.

Principal Place of Business

**4485 DOVER CT #1204
 NAPLES FL 34105**

Mailing Address

**4485 DOVER CT #1204
 NAPLES FL 34105**

2. Principal Place of Business

**2000 5TH ST. SOUTH
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 1262
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-1077295

Applied For

Not Applicable

Zip

34102

Country

COLLIER

Zip

34106

Country

COLLIER

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

6. Name and Address of Current Registered Agent

**KLYM, NORM
 4485 DOVER CT #1204
 NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name **NORMAN KLYM**
 Street Address (P.O. Box Number is Not Acceptable)
2000 5TH ST SOUTH
 City **NAPLES** FL Zip Code **34102**

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] **NORMAN J. KLYM, PRESIDENT** **2/22/02**
 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

TITLE ☐ Delete
 NAME **D KLYM, NORM**
 STREET ADDRESS **4485 DOVER CT #1204**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME **D KLYM, LESLEY**
 STREET ADDRESS **4485 DOVER CT #1204**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 5TH ST S**
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 5TH ST. S.**
 CITY-ST-ZIP **NAPLES, FL 34102**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 files empowered.

SIGNATURE:

[Signature] **NORMAN J. KLYM** **2/22/02** **941-430-9998**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)