

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90053 046 ***150.00

DOCUMENT # P01000054159

1. Entity Name
PALM CITY PROPERTIES, INC.

PLEASE CHANGE BOTH.

Principal Place of Business
~~1151 SW 30TH ST., STE. D~~
PALM CITY FL 34990

Mailing Address
~~1151 SW 30TH ST., STE. D~~
PALM CITY FL 34990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

901 SW MARTIN DOWNS BLVD

Suite, Apt. #, etc.
SUITE # 200D

Suite, Apt. #, etc.

City & State
PALM CITY FL.

City & State

4. FEI Number
65-1073303

Applied For
 Not Applicable

Zip
34990

Country
USA

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

MC GEE, H. CONWAY
1081 SW. LIGHTHOUSE DR.
PALM CITY FL 34990

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.

SIGNATURE *[Signature]* LOCATION.
 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 **PRESIDENT** ☐ Delete
 NAME **MC GEE, H. CONWAY**
 STREET ADDRESS **1081 SW LIGHTHOUSE DR.**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DELETED** ☒ Delete
 NAME **DELETED**
 STREET ADDRESS **5032 SW LANDING CREEK DR.**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
 NAME **AMANDA T. MCGEE**
 STREET ADDRESS **1081 SW LIGHTHOUSE DR.**
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 like empowered.

SIGNATURE: *[Signature]* H. CONWAY MCGEE 1/15/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)