

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073493

1. Entity Name
PINEAPPLES, PALMS, ETC., INC.

FILED

02 NOV -4 PM 3:48

Principal Place of Business

6242 WOODLAKE RD.
JUPITER FL 33458

Mailing Address

6242 WOODLAKE RD.
JUPITER FL 33458

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Pineapples, Palms, Etc.

Suite, Apt. #, etc.
287 E. Indiantown Rd

City & State
Jupiter, FL

Zip
33477

Country
US

3. Mailing Address

287 E. Indiantown Rd B

Suite, Apt. #, etc.
Jupiter, FL

City & State
33477

Zip

Country
US

4. FEI Number
65-1126598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASCETTA, SHELLY
6242 WOODLAKE RD.
JUPITER FL 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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 President
NAME Shelly Baschetta
STREET ADDRESS 6424 Woodlake Rd
CITY-ST-ZIP Jupiter, FL. 33458 ☐ Delete

TITLE V Pres.
NAME Lisa Peterson
STREET ADDRESS 5354 Penock Point Rd
CITY-ST-ZIP Jupiter, FL. 33458 ☐ Delete

TITLE Treasurer
NAME Shelly Baschetta
STREET ADDRESS 6424 Woodlake Rd
CITY-ST-ZIP Jupiter, FL 33458 ☐ Delete

TITLE Sec.
NAME Lisa Peterson
STREET ADDRESS 5354 Penock Point Rd
CITY-ST-ZIP Jupiter, FL 33458 ☐ Delete

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600008787486
11/04/02--01082--004 **750.00

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02 561-748-8303
Date Daytime Phone #

CR2E034 (9/01)