

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90377 026 ***150.00

DOCUMENT # P01000079317

1. Entity Name

PALMER ACADEMY, INC.

Principal Place of Business

**611 W. AZEELE STREET
TAMPA FL 33606**

Mailing Address

**611 W. AZEELE STREET
TAMPA FL 33606**

2. Principal Place of Business

3200 State Rd 546

3. Mailing Address

4429 Vieux Carre Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Tampa, FL

4. FEI Number

59-3737999

Applied For

Not Applicable

Zip

33844

Country

Polk

Zip

33613

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**H. STRATTON SMITH III, ESQ.
611 W. AZEELE STREET
TAMPA FL 33606**

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 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 **President**
STREET ADDRESS **Tony Castillo**
CITY-ST-ZIP **17420 Estes Rd.
Lutz, FL 33548**

TITLE ☐ Delete
NAME **Vice-President**
STREET ADDRESS **Richard Matuszewski**
CITY-ST-ZIP **4429 Vieux Carre Circle
Tampa FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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
CITY-ST-ZIP

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

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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:

Richard Matuszewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

813 971 6222

Day

Daytime Phone #

CR2E034 (9/01)