

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 002 ***150.00

DOCUMENT # **PO1000109205**

1. Entity Name

Three Palm Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11601 4th St. North

3. Mailing Address

11601 4th St. North

Suite, Apt. #, etc.

Apt#2311

Suite, Apt. #, etc.

Apt#2311

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33716

Country

USA

Zip

33716

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3756422

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Paul T. McKenzie

Street Address (P.O. Box Number is Not Acceptable)

11601 4th St. North

Apt#2311

City

St. Petersburg

FL

Zip Code

33716

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IN THIS SPACE**

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

Paul T. McKenzie President

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Paul T. McKenzie 11601 4th St. North Apt#2311 St. Petersburg, FL 33716</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul T. McKenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)