

FOR PROFIT CORPORATION ^{Amended} UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 26 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112090

1. Entity Name
PALM BEACH MODELING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4833 OKECHOBEE BLVD

3. Mailing Address

4833 OKECHOBEE BLVD

Suite, Apt. #, etc.

SUITE 111

Suite, Apt. #, etc.

SUITE 111

City & State

WEST PALM BEACH FL. WEST PALM BEACH FL.

Zip

33415

Country

Zip

33415

Country

4. FEI Number

010637637

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LORI RICARDO

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

4833 OKECHOBEE BLVD SUITE 111

City WEST PALM BEACH

FL

Zip Code 33415

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P=
NAME LORI RICARDO
STREET ADDRESS 4833 OKECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL. 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005462811--9
-05/06/02--01080--004
*****70.00 *****70.00

TITLE S=T=
NAME RONALD COLLARD
STREET ADDRESS 4833 OKECHOBEE BLVD SUITE 111
CITY-ST-ZIP WEST PALM BEACH FL 33415

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

LORI RICARDO 4/22/2002 561-309 6446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)