

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90142 040 ***150.00

0004769 AT

DOCUMENT # P01000119284

1. Entity Name

ISLAND PALMS REAL ESTATE OF VERO BEACH REFERRALS, INC.

Principal Place of Business

**524 MIRACLE MILE
 VERO BEACH FL 32960**

Mailing Address

**524 MIRACLE MILE
 VERO BEACH FL 32960**

2. Principal Place of Business

524 21st Street

Suite, Apt. #, etc.

3. Mailing Address

524 21st Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, Florida

Zip 32960

Country USA

City & State

Vero Beach, Florida

Zip 32960

Country USA

4. FEI Number

01-0547974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEGAL, BARRY G
 2801 OCEAN DRIVE STE 204
 VERO BEACH FL 32963**

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 **D** ☐ Delete
 NAME **BELL, DEBORAH**
 STREET ADDRESS **524 MIRACLE MILE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete
 NAME **SCOTTI, SUSAN**
 STREET ADDRESS **524 MIRACLE MILE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 **524 21st Street**
 CITY-ST-ZIP **Vero Beach, Florida 32960**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **524 21st Street**
 CITY-ST-ZIP **Vero Beach, Florida 32960**

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 NAME
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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:

Susan Ann Scotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2002 561-449-1711

Date

Daytime Phone #

CR2E034 (9/01)