

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0017942 SP

DOCUMENT # P01000120161

1. Entity Name
SEMINOLE LADY, INC.

04-09-2002 90015 020 ***150.00

Principal Place of Business
9370 OAKHUNT ROAD
SUITE 304
SEMINOLE FL 33776

Mailing Address
9370 OAKHUNT ROAD
SUITE 304
SEMINOLE FL 33776



2. Principal Place of Business
9342 OAKHURST RD

3. Mailing Address
9342 OAKHURST RD

Suite, Apt. #, etc.
304

Suite, Apt. #, etc.
304

City & State
SEMINOLE, FL

City & State
SEMINOLE, FL

4. FEI Number
30-0000882

Applied For
☐ Not Applicable

Zip
33776

Country
USA

Zip
33776

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name **LAURIE PALMQUIST**
 Street Address (P.O. Box Number is Not Acceptable)
9342 OAKHURST RD., SUITE 304
 City **SEMINOLE, FL** FL Zip Code **33776**

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 *Laurie Palmquist*
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
 NAME **PALMQUIST, LAURIE**
 STREET ADDRESS **9370 OAKHUNT ROAD SUITE 304**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **PALMQUIST, LAURIE**
 STREET ADDRESS **9342 OAKHURST RD. SUITE 304**
 CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Laurie Palmquist*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/2/02** Daytime Phone # **727-517-7754**

CR2E034 (9/01)