

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-31-2002 90055 049 ***150.00

DOCUMENT # P01000122078

1. Entity Name

PALMROSE AND CO., INC.

Principal Place of Business

11C S DIXIE HWY
ST AUGUSTINE FL 32084

Mailing Address

11C S DIXIE HWY
ST AUGUSTINE FL 32084

2. Principal Place of Business

9 S. Dixie Hwy Ste.D
Suite, Apt. #, etc.

3. Mailing Address

9 S. Dixie Hwy Ste.D
Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

St. John's

Zip

32084

Country

St. John's

4. FEI Number

090576165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUPP, ROBERT W
1760 SHADOWOOD LN STE 401
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Roxanne Palmrose
Street Address (P.O. Box Number is Not Acceptable)
9 S. Dixie Hwy Ste D
St. Augustine
City FL Zip Code 32084

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

Roxanne Palmrose

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

(NOTE: Registered Agent signature required when reinstating)

3-20-02

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 PALMROSE, ROXANNE
STREET ADDRESS P.O. BOX 4334
CITY-ST-ZIP ST AUGUSTINE FL 32085

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Roxanne Palmrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

(904) 820-5672

Daytime Phone #

CR2E034 (9/01)