## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000025532

## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91777 018 \*\*\*150.00

1. Entity Name PALMCORP, INC											
3652 N AND	ne of Business REWS AVE. RDALE, FL 33309	Mailing Address 3652 N ANDREWS AVE. FORT LAUDERDALE, FL 33309				11041134					
	lace of Business  ld Jupiter Beach Rd  #, etc.	3. Mailing Address P O Box 2339 Suite, Apt. #, etc.	-				И И И И И И И И И И И И И И И И И И И	· • · · · · · · · · · · · · · · · · · ·			
Cily & Stat Jupiti	e er, FL	City & State Jupiter, FL					Number 2-0575682			oplied For of Applicable	
Zip	Country	Zip	Count	try		<b>5</b> . C₄	ertificate of Status Desired		\$8.75 Add Fee Require	ditional ed	
	6. Name and Address of Current R	egistered Agent		Name		7. Na	me and Address of New	Registered	Agent		-
PALMIERI, LISA 3652 N ANDREWS AVE FORT LAUDERDALE, FL 33309				Lind Street A 341 (	a Cruce dddess (P.O. Box Number is Not Acceptable) Old Jupiter Beach Rd						
				aıy _Jupi i	ter_			FL		477	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typoid or printed name of registered agent and time if applicable. (NOTE: Registered Agent Signature agent when reinstanting)											
and the second	FLE NOWILL FEE IS \$150.00 May 1, 2003 Fee will be \$650.00 Payable to Floride Department d				· .		Election Carripaign F     Trust Fund Contributi			O May Bo	
10.	OFFICERS AND D	HRECTORS  Sel Delete	11.			ADD	ITIONS/CHANGES TO OF	FICERS AN	DIRECTOR:		15
NAME STREET ADDRESS CITY-ST-ZIP	PALMIERI, LISA 3652 N ANDREWS AVE FORT LAUDERDALE, FL 33309	độ tress	NAME STREE				mjeriter Beacl , FL 33477	h Road		Addition .	CR2E034 (10/02)
TITLE HAME STREET ADDRESS CITY-ST-ZP	V MICHAEL, BLOCK 3652 N ANDREWS AVE FORT LAUDERDALE, FL 33309	Ş⊋ Delete	15		V Lind	la C	•	h Road	Change	Addition	S
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	ET ADDRESS			, FL 33477	11000	☐ Change	Addition	
CHY-ST-2P = ~	The district of the second of	☐ Delcte	TITLE NAME STREE						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	TITLE NAMÉ STREÉ			<u></u>		<u> </u>	☐ Change	Addition	
TITLE RIAME STREET ADDRESS CITY-ST-2P		□ Delete	1916 Name Street		1				☐ Change	Addition	
12. I hereby of indicated of the con-	certify that the information supplied with to on this report or supplemental report is to poration or the receiver of trustee empower or on an attachment with an address, with the control of the contro	rue and accurate and that mered to execute this report:	the exer y signate 13 requir	nption stat ure shall ha ed by Cha	ed in Sec ave the sa pter 607,	tion 11 ame leg Florida	9.07(3(i), Florida Statutes, gal effect as if made under a Statutes; and that my nam	oath; that i ne appears	am an officer in Block 10 o	nformation or director Block 11 If	