

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90817 022 \*\*\*150.00

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**DOCUMENT # P02000096318**

1. Entity Name

**PALM TREE TECHNOLOGIES, INC.**



Principal Place of Business

**7191 WINDY PRESERVE  
LAKE WORTH FL 33467**

Mailing Address

**7191 WINDY PRESERVE  
LAKE WORTH FL 33467**

2. Principal Place of Business

**7347 LAKE WORTH RD.**

3. Mailing Address

**7347 LAKE WORTH RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE WORTH, FL**

City & State  
**LAKE WORTH, FL**

4. FEI Number  
**03-0480897**

Applied For

Not Applicable

Zip  
**33467**

Country  
**USA**

Zip  
**33467**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CONTESSA, RONALD  
7191 WINDY PRESERVE  
LAKE WORTH FL 33467**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CONTESSA, RONALD	
STREET ADDRESS	7191 WINDY PRESERVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONTESSA, RONALD	
STREET ADDRESS	7191 WINDY PRESERVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EPSTEIN, LEO A	
STREET ADDRESS	5238 RIVERMILL LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	EPSTEIN, LEO A	
STREET ADDRESS	5238 RIVERMILL LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>7191 WINDY PRESERVE</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: Ronald Contessa President. 4/28/03 (561) 721-2903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)