

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90227 035 ***150.00

038791 AV

DOCUMENT # P02000109346

1. Entity Name
THE PALM BEACH COMPANY



Principal Place of Business
%M. YATCYSN
6901 W OKEECHOBEE BLVD. APT D5-102
W PALM BEACH FL 33411-2511

Mailing Address
%M. YATCYSN
6901 W OKEECHOBEE BLVD. APT D5-102
W PALM BEACH FL 33411-2511



2. Principal Place of Business
9990 BELVEDERE RD

Suite, Apt. #, etc.
INSIDE WAL-MART

City & State
ROYAL PALM BEACH, FL

Zip
33411

Country
PALM BEACH

3. Mailing Address
9990 BELVEDERE RD

Suite, Apt. #, etc.
INSIDE: WAL-MART

City & State
ROYAL PALM BEACH, FL

Zip
33411

Country
PALM BEACH

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
51-0426652

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YATCYSN, MARY
6901 W OKEECHOBEE BLVD, APT D5-102
W PALM BEACH FL 33411-2511

7. Name and Address of New Registered Agent

Name
MARKO J. MILOBAR

Street Address (P.O. Box Number is Not Acceptable)
4220 S.E. 58TH PLACE

City
OCALA **FL** Zip Code
34480

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 **MARKO J. MILOBAR DIRECTOR 4/30/03**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YATCYSN, MARY ☐ Delete
6901 W OKEECHOBEE BLVD, APT D5-102
W PALM BEACH FL 33411-2511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILOBAR, MARKO ☐ Delete
34 ALMOND DR
OCALA FL 34472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **MARKO J. MILOBAR 4/30/03 204-2244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)