## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P93000033485 PALMA SOLA DEVELOPMENT, INC. 04-26-2001 90103 021 \*\*\*150.00 Principal Place of Business Mailing Address 6040 SR 70 PO BOX 257 BRADENTON FL 34206-0257 **BRADENTON FL 34206** CAGMEDEN 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0420152 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BADEN, HR Street Address (P.O. Box Number is Not Acceptable) 301 99TH STREET NW **BRADENTON FL 34209** City 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. SIGNATURE DA"E Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and clects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change Addition TITLE BADEN, H R NAME NAME 301 99TH STREET NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-7IP CITY-ST-ZIP Chance □ Addition TITLE ☐ Delete TITLE BADEN, CHRISTOPHER NAME NAME 316 20TH ST W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY - ST - ZIP CSTY-ST-7IP Change X Addition TITLE ☐ Delete TITLE NOWLES, VIRGINIA 15 TISTST N.W. BRADENTON, FL 34209 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY - \$1 - ZIP Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiF CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 emperiors to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece

all other like empowered

CR2E034 (10/00)

hristopher Beden 4/18/01