

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90307 007 ***150.00

DOCUMENT # P93000033485

1. Entity Name
PALMA SOLA DEVELOPMENT, INC.

Principal Place of Business
6040 SR 70
BRADENTON FL 34206-0257
US

Mailing Address
PO BOX 257
BRADENTON FL 34206
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0420152**

Applied For
 Not Applicable

Zip **34203**

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADEN, H R
301 99TH STREET NW
BRADENTON FL 34209

Name **VIRGINIA KNOWLES**

Street Address (P.O. Box Number is Not Acceptable)

1218 DE NARVAEZ AVE

City **BRADENTON** **FL** Zip Code **34209**

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 *Virginia Knowles* **VIRGINIA KNOWLES**

4/8/02

Signature typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BADEN, H R**
 STREET ADDRESS **301 99TH STREET NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **~~DELETED~~ P/D** ☒ Change ☐ Addition
 NAME **38820 TAYLOR RD.**
 STREET ADDRESS **MYAKKA CITY, FL 34251**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **BADEN, CHRISTOPHER**
 STREET ADDRESS **316 20TH ST W**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **VP/D** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **KNOWLES, VIRGINIA**
 STREET ADDRESS **1115 71ST ST NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **~~DELETED~~ T/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1218 DeNarvaez Ave**
 CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **~~DELETED~~ S/D** ☐ Change ☒ Addition
 NAME **SARA B. BADEN**
 STREET ADDRESS **38820 TAYLOR RD.**
 CITY-ST-ZIP **MYAKKA CITY, FL 34251**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Virginia Knowles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 **(941) 761-9816**
 Date Daytime Phone #

CR2E034 (9/01)