

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90250 044 ***150.00

DOCUMENT # P93000034165

1. Entity Name

Palm Place Investments, Inc.

Principal Place of Business

620 E Third Ave
New Smyrna Beach, FL
32169

Mailing Address

620 E Third Ave
New Smyrna Beach, FL
32169

2. Principal Place of Business

18134 Gunn Highway
Suite, Apt. #, etc.

3. Mailing Address

18134 Gunn Highway
Suite, Apt. #, etc.

City & State

Odessa, FL

City & State

Odessa, FL

4. FEI Number

65-0409332

Applied For

Not Applicable

Zip

33556

Country

US

Zip

33556

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

60067757

6. Name and Address of Current Registered Agent

Coomber, Barbara J.
2200 N Peninsula
1620 S. Clyde Morris Blvd., Suite 300
New Smyrna Beach, FL 32169

7. Name and Address of New Registered Agent

Name: Barbara J. Coomber
Street Address (P.O. Box Number is Not Acceptable): 18134 Gunn Highway
City: Odessa FL Zip Code: 33556

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

Barbara J. Coomber, Barbara J. Coomber, Pres. 4/22/01

Signature, typed or printed name of registered agent and title if 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	Barbara J. Coomber	
STREET ADDRESS	2200 N. Peninsula	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Jesse J. Coomber	
STREET ADDRESS	220 Peninsula Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara J. Coomber	
STREET ADDRESS	18134 Gunn Highway	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jesse J. Coomber	
STREET ADDRESS	5729 Bent Pine Dr. #306	
CITY-ST-ZIP	Orlando, FL 32822	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, such as an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

813-920-2996

CR2E034 (11/00)