

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068140

1. Entity Name

PALM PRODUCTS INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90048 007 ***150.00

Principal Place of Business

Mailing Address

1611 GREEN LANE
 #9
 LANTANA FL 33462
 US

P.O. BOX 15
 BOYNTON BEACH FL 33425-0015
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0439166

Applied For

Not Applicable

Zip

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

DONEGAN, MICHAEL
 1611 GREEN LANE
 #9
 LANTANA FL 33462

Name

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

City

FL

Zip Code

33415

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

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

(NOTE: Registered Agent signature required when relocating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COX, ALAN	
STREET ADDRESS	1611 GREEN LANE 9	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKHAMMER, STANLEY	
STREET ADDRESS	1611 GREEN LANE 9	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONEGAN, MICHAEL	
STREET ADDRESS	1611 GREEN LANE 9	
CITY-ST-ZIP	LANTANA FL 33462	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1321 Rancho He Rd.	
STREET ADDRESS	West Palm Bch	
CITY-ST-ZIP	FL 33415	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1321 Rancho He Rd.	
STREET ADDRESS	West Palm Bch	
CITY-ST-ZIP	FL 33415	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1321 Rancho He Rd.	
STREET ADDRESS	West Palm Bch	
CITY-ST-ZIP	FL 33415	
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)