

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000578

1. Entity Name

BLUE PALM CABINETS, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90036 030 ***150.00

Principal Place of Business

Mailing Address

BLUE PALM CABINETS INC.
2436 EMERSON A.S.
ST. PETERSBURG FL 33712
US

BLUE PALM CABINETS INC.
2436 EMERSON A. S.
ST. PETERSBURG FL 33712-1659
US

2. Principal Place of Business

3. Mailing Address

Blue PALM CABINETS, INC.
Suite, Apt. #, etc.

2436 EMERSON A.S.
Suite, Apt. #, etc.

2436 EMERSON A.S.

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

Zip
33712

Country
USA

Zip
33712

Country
USA

6. Name and Address of Current Registered Agent

4. FEI Number 59-3253768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL | Zip Code

PEMBERTON, JOSEPH A
350 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

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 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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEMBERTON, JOSEPH A
350 GULF BLVD.
INDIAN ROCKS BEACH FL 34641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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: M. Pemberton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 26th 2000