

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000578

1. Entity Name
BLUE PALM CABINETS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90389 040 ***150.00

Principal Place of Business

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

Mailing Address

2436 EMERSON A. S.
ST. PETERSBURG FL 33712
US

2. Principal Place of Business

BLUE PALM CABINETS, INC.
Suite, Apt. #, etc.
2436 EMERSON A.S.
City & State
ST PETERSBURG, FL

3. Mailing Address

2436 EMERSON A.S.
Suite, Apt. #, etc.
City & State
ST PETERSBURG, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3253768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (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	PEMBERTON, JOSEPH A	
STREET ADDRESS	350 GULF BLVD.	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34641	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 Mardene Pemberton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-4-2001 Daytime Phone #

CR2E034 (10/00)