

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90007 008 ***550.00

DOCUMENT # P94000004652

1. Entity Name

THE PALMS LAWN AND GARDEN, INC.

Principal Place of Business

**1209 19TH TERRACE
 KEY WEST FL 33040**

Mailing Address

**1209 19TH TERRACE
 KEY WEST FL 33040**

2. Principal Place of Business

5300 MacDonald Ave

Suite, Apt. #, etc.

Lot# 62

3. Mailing Address

P.O. BOX 305

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-0475598

Applied For

☒ Not Applicable

Zip
33040

Country
USA

Zip
33041

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ECKSTEIN, ALAN
 3010 FLAGLER AVE
 KEY WEST FL 33040**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DP**
 STREET ADDRESS **CRERAND, RICHARD J**
 CITY-ST-ZIP **1209 19TH TERR.
 KEY WEST FL 33040**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D/P**
 STREET ADDRESS **WHITEHEAD, TERRY D**
 CITY-ST-ZIP **5300 MACDONALD AVE #62
 KEY WEST, FL 33040**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: Terry Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01 (305) 296-8196

Date Daytime Phone #

CR2E034 (5/01)