

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90005 009 ***150.00

DOCUMENT # P94000010773

1. Entity Name
D R PALM BEACH, INC.

Principal Place of Business
**1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401**

Mailing Address
**1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0467441**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOD, MICHAEL
1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401**

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 \$150.00
After May 1, 2002 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 **PD** ☐ Delete
NAME **DELLA RATTA, JOSEPH M**
STREET ADDRESS **18385 S.E. VILLAGE CIRCLE**
CITY-ST-ZIP **TEQUESTA FL 33489**

TITLE **V** ☒ Delete
NAME **DELLA RATTA, JAMES J.**
STREET ADDRESS **627 BRACKENWOOD COVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **S** ☐ Delete
NAME **DELLA RATTA, J. RAPHAEL**
STREET ADDRESS **3890 RT 97**
CITY-ST-ZIP **GLENWOOD MD 21738**

TITLE **T** ☐ Delete
NAME **REDMOND, JENNIFER**
STREET ADDRESS **1211 S EADS ST UNIT 1801**
CITY-ST-ZIP **ARLINGTON VA 22207**

TITLE **VS** ☐ Delete
NAME **WOOD, MICHAEL**
STREET ADDRESS **1800 PALM BEACH LAKES BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4271 N. 38th Street**
CITY-ST-ZIP **Arlington, VA 22207**

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

TITLE ☐ Change ☐ 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 REQUIRED
Michael Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2002
Date

561-683-8810
Daytime Phone #

CR2E034 (9/01)