## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P94000079698** PALMANO INNOVATIVE PRODUCTS INCORPORATED 01-18-2000 90010 047 \*\*\*150.00 Principal Place of Business Mailing Address 7749 WHITEBRIDGE GLEN 7749 WHITEBRIDGE GLEN UNIVERSITY PARK FL 34201-2245 UNIVERSITY PARK FL 34201 AUUU4154 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3285456 Not 4..... Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALMANO, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 7749 WHITEBRIDGE GLEN UNIVERSITY PARK FL 34201 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO ☐ Delete TITLE TITLE PALMANO, RICHARD S NAME NAME WHITEBLAGE GLEN 2105 PARK AVE. NORTH, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UNIVARSITY PARK, FL. 34001 CITY-ST-ZIP WINTER PARK FL 32789 Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ~ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_\_ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the empowered.

SIGNATURE: