

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90370 035 ***150.00

DOCUMENT # P94000086978

1. Entity Name
PALAZZO REALTY, INC.

Principal Place of Business
~~4075 AIA S~~
~~ST AUGUSTINE FL 32084~~
~~US~~

Mailing Address
~~4075 AIA S~~
~~ST AUGUSTINE FL 32084~~
~~US~~

2. Principal Place of Business
5315 AIA SOUTH
 Suite, Apt. #, etc.

3. Mailing Address
5315 AIA SOUTH
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3289082**

Applied For
☐ **Not Applicable**

Zip **32080**

Country **USA**

Zip **32080**

Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALAZZO, ANTHONY A
~~4075 AIA SO~~
~~ST AUGUSTINE FL 32084~~

Name
Street Address (P.O. Box Number is Not Acceptable)
5315 AIA SOUTH
City **FL** **Zip Code** **32080**

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 **\$5.00** May Be Added to Fees: ☐ **Trust Fund Contribution** ☐

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PALAZZO, ANTHONY A	
STREET ADDRESS	4075 AIA SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PALAZZO, DEANNE C	
STREET ADDRESS	4075 AIA SO	
CITY-ST-ZIP	ST AUGUSTINE FL	
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	5315 AIA SOUTH	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5315 AIA SOUTH	
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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: *Deanne Palazzo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 **(904)-471-7661**
 Date Daytime Phone #

CR2E034 (9/01)