

# 2000 <sup>2001</sup> UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # P95000008029

1. Entity Name

THE PALKO GROUP, INC.

FILED

01 APR -2 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7031 GRAND NATIONAL DR.  
SUITE 100  
ORLANDO FL 32819-8905

Mailing Address

7031 GRAND NATIONAL DR.  
SUITE 100  
ORLANDO FL 32819-8905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3293135

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PALKO, JOHN M  
7031 GRAND NATIONAL DR.  
SUITE 100  
ORLANDO FL 32819-8905

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS PALKO, JOHN M  
CITY-ST-ZIP 7031 GRAND NATIONAL DR., SUITE 100  
ORLANDO FL 32819-8905

TITLE  
NAME  
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CITY-ST-ZIP

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

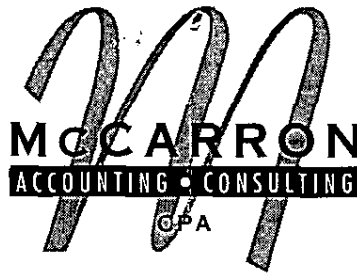
03/28/01

Date

Daytime Phone #

CR2E034 (5/00)

Page 2 of 2



Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam;

I represent The Palko Group, Inc. Please be advised that the registered agent for the Palko Group, Mr. John Palko, had serious medical problems during the year 1999 and 2000. These medical problems were severe enough that Mr. Palko required a double lung transplant. There were several instances of complications related to the transplant, resulting in an extended hospital stay in Pennsylvania. Therefore, Mr. Palko never received the first or second notices regarding the annual renewal until he returned to the state and the business in February 2001.

Due to the extreme nature of the circumstances regarding Mr. Palko's health, I respectfully request that you grant an exception in this case and abate the late filing penalty and rescind the notice of Administrative Dissolution or Revocation for The Palko Group, Inc.

Please find enclosed a check in the amount of \$150.00 as payment for filing of the Annual Report.

Thank you in advance for your positive consideration in this most difficult of situations.

Very truly yours,

David J. McCarron, CPA