

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 an  
Secretary of State

02-29-2000 90136 044 \*\*\*150.00

DOCUMENT # P95000008241

1. Entity Name

PALM BUILDERS AND REMODELING, INC.

Principal Place of Business

Mailing Address

6790 15TH AVE NO  
ST PETERSBURG FL 33710  
US

6790 15TH AVE NO  
ST PETERSBURG FL 33710-5408  
US

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 59-3299182

Applied F

Not Appli

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.

SCHOENBERGER, TIM  
6790 15TH AVE N  
ST PETERSBURG FL 33710

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May  
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME WESTON, TIMOTHY  
STREET ADDRESS 6790 15TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE President  
NAME Tim Schoenberger  
STREET ADDRESS 6790 15 Ave. No.  
CITY-ST-ZIP St. Petersburg, FL ☐ Change ☒ Add

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ /

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-2000 (727) 458.