

"Amended"

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P9500000824-1**

1. Entity Name

**Palm Builders & Remodeling, Inc.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 19 AM 11:41

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**6550 1<sup>st</sup> Ave. No.**

3. Mailing Address

**6550 1<sup>st</sup> Ave. No.**

Suite, Apt. #, etc.

**Suite "D"**

Suite, Apt. #, etc.

**Suite "D"**

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33710**

Country

**USA**

Zip

**33710**

Country

**USA**

**400023515554**

**10/02/03--01064--019 \*\*\$1.25**

DO NOT WRITE IN THIS SPACE

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4. FEI Number

**59-3299182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Tim Schoenberger**

Street Address (P.O. Box Number is Not Acceptable)

**6790 15 Ave. No.**

City

**St. Petersburg**

FL

Zip Code

**33710**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Tim Schoenberger (President)**

**9-15-03**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President  
Tim Schoenberger  
6550 1<sup>st</sup> Ave. N. Suite "D"  
St. Petersburg, FL 33710**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Vice President  
Jeff Toylin  
10904 71 Ave. N  
Seminole, FL 33777**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Delete - John Duffy**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Tim Schoenberger**

**9-15-03**

**(727) 458-3746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)