

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022695

1. Entity Name
PALMETTO HOMES, INC.

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90292 001 ***600.00

Principal Place of Business
1175 N.E. 125TH STREET
204-B
NORTH MIAMI FL 33161

Mailing Address
1175 N.E. 125TH STREET
204-B
NORTH MIAMI FL 33161

29020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1175 ne 125 street
Suite, Apt. #, etc.
Suite 204-B

3. Mailing Address
1175 ne 125 street
Suite, Apt. #, etc.
Suite 204-B

City & State
North Miami FL
Zip
33161
Country
USA

City & State
North Miami FL
Zip
33161
Country

4. FEI Number 65-0582788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNDY, ARIOVISTUS
1175 N.E. 125TH STREET, 204-B
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

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 *Ariovistus P. Lundy*

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

(NOTE: Registered Agent signature required when reinstating)

DATE FEBRUARY 20, 2001

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, 2001 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDC
LUNDY, ARIOVISTUS
1175 N.E. 125TH STREET
NORTH MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTM
KEMP, NINA
1175 N.E. 125TH STREET
NORTH MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Ariovistus P. Lundy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE FEBRUARY 20, 2001

305 216-0827
305841
Daytime Phone #

CR2E034 (10/00)