

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90141 013 ***158.75

DOCUMENT # P95000022695

1. Entity Name

PALMETTO HOMES, INC.

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**

2. Principal Place of Business

1175 Ne 125th Street

Suite, Apt. #, etc.

204-B

City & State

North Miami, FL

Zip

33161

Country

USA

3. Mailing Address

1175 Ne 125 Street

Suite, Apt. #, etc.

204 B

City & State

N. MIAMI Florida

Zip

33161

Country

USA



DO NOT WRITE IN THIS SPACE

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

Ariovistus Lundy

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

1175 Ne 125 Street

204 B

City

N. Miami

FL

Zip Code

33161

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 Lundy, Ariovistus Lundy

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

(NOTE: Registered Agent signature required when reinstating)

1-8-02

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
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> Delete
NAME	LUNDY, ARIOVISTUS	
STREET ADDRESS	1175 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VSTM	<input type="checkbox"/> Delete
NAME	KEMP, NINA	
STREET ADDRESS	1175 N.E. 125TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
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	
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	
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)(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 Lundy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 (305) 216-0827
 Date Daytime Phone #

CR2E034 (9/01)