

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 010 ***150.00

DOCUMENT # **P95000043775**
1. Entity Name
PALM BEACH TURNAROUND CORP

DO NOT WRITE IN THIS SPACE

050942

2. Principal Place of Business
1001 SO FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
400 SO DIXIE HWY
Suite, Apt. #, etc.
SUITE #13

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL
Zip
33460 Country
U.S.A.

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Zip
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4. FEI Number
65-0601456
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7- Name and Address of Current Registered Agent

Name
PIRKKO I. PEDERSEN
Street Address (P.O. Box Number is Not Acceptable)
400 SO. DIXIE HWY.
SUITE #13
City
LAKE WORTH FL Zip Code
33460

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

Pirkko I. Pedersen
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/8/2002
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PST
PEDERSEN, PIRKKO I.
400 SO DIXIE HWY,
SUITE #13
LAKE WORTH, FL
33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pirkko I. Pedersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PIRKKO I. PEDERSEN, PRESIDENT

CR2E034B (12/01)