

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90136 002 \*\*\*150.00

**DOCUMENT # P95000056890**

1. Entity Name  
**PALM BREEZE BUSINESS SERVICES, INC.**  
**BUSINESS**

Principal Place of Business  
**8017 SHEPHERD AVENUE**  
**SPRING HILL FL 34606**

Mailing Address  
**8017 SHEPHERD AVENUE**  
**SPRING HILL FL 34606**  
**US**

2. Principal Place of Business  
**5904 Grey Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5904 Grey Street**  
 Suite, Apt. #, etc.

City & State  
**New Port Richey FL**

City & State  
**New Port Richey FL**

Zip  
**34652**

Country  
**USA**

Zip  
**34652**

Country  
**USA**

4. FEI Number  
**59-3324030**

Applied For  
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOCH, DIANE**  
**8017 SHEPHERD AVENUE**  
**SPRING HILL FL 34606**

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 \_\_\_\_\_ (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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KOCH, DIANE W.</b>	
STREET ADDRESS	<b>8017 SHEPHERD AVE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CALLAHAN, PETER B</b>	
STREET ADDRESS	<b>2038 PEPPERELL DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LISA A WINN</b>	
STREET ADDRESS	<b>4747 Eastwood Lane</b>	
CITY-ST-ZIP	<b>Holiday, FL 34690</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5904 GREY STREET</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6852 CORONET DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LISA A. WINN</b>	
STREET ADDRESS	<b>4747 Eastwood Lane</b>	
CITY-ST-ZIP	<b>Holiday, FL 34690</b>	
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: **DIANE KOCH** **SIGNATURE REQUIRED** **4/29/02** **727-848-8916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)