

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068463

1. Entity Name

TL PALMETER, CO.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90026 028 ***150.00

Principal Place of Business

Mailing Address

909 GOLF VIEW WOODS DR
RUSKIN FL 33573

909 GOLF VIEW WOODS DR
RUSKIN FL 33573

2. Principal Place of Business

1222 GOLFWIEW WOODS DR

3. Mailing Address

1222 GOLFWIEW WOODS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

RUSKIN FL

City & State

RUSKIN FL

4. FEI Number

59-3339527

Applied For

☒ Not Applicable

Zip

33573

Country

Zip

33573

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETER, TERRY L.
909 GOLFWIEW WOODS DR
RUSKIN FL 33573

7. Name and Address of New Registered Agent

Name PALMETER, TERRY L.

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

1222 GOLFWIEW WOODS DR

City RUSKIN

FL

Zip 33573

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

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

(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, 2000 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 D ☐ Delete
NAME PALMETER, TERRY L
STREET ADDRESS 909 GOLFWIEW DR
CITY-ST-ZIP RUSKIN FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME PALMETER, TERRY L
STREET ADDRESS 1222 GOLFWIEW WOODS DR
CITY-ST-ZIP RUSKIN FL 33573

TITLE D ☐ Change ☒ Addition
NAME PALMETER, LINDA I
STREET ADDRESS 1222 GOLFWIEW WOODS DR
CITY-ST-ZIP RUSKIN FL 33573

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/2000 813 642 0864