

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90348 030 ***150.00

DOCUMENT # **P95000095957** ✓

1. Entity Name

Golden Palm Realty Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 N Hwy US One

Suite, Apt. #, etc.

Suite D-5

City & State

Jupiter, FL

Zip

33477

Country

USA

3. Mailing Address

97 Beechwood Trail

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0627201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Biby D. Jacoby

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

97 Beechwood Trail

City

Tequesta

FL

Zip Code

33469

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) ☐

**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

President

NAME

Biby D. Jacoby

STREET ADDRESS

97 Beechwood Trail

CITY - ST - ZIP

Tequesta, FL 33469

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)