

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000097322

FILED
Apr 28, 2003
Secretary of State

Entity Name: PALM KIA OF OCALA, INC.

Current Principal Place of Business:

2305 SW COLLEGE RD
OCALA, FL 33474 US

New Principal Place of Business:

Current Mailing Address:

2300 SW COLLEGE ROAD
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3352710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS & QUINTON P.A.
80 SW 8TH STREET
BRICKELL BAYVIEW CENTER, STE 2150
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BACHRODT, CRAIG G
Address: 2300 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

Title: DVP () Delete
Name: BACHRODT, LOUIS C III
Address: 1801 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVP () Delete
Name: BACHRODT-REINO, SHANNON
Address: 1801 W ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST () Delete
Name: GRABAU, ROBERT E SR
Address: 2300 SW COLLEGE ROAD
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. GRABAU SR.

ST

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date