

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002816

1. Entity Name

OLDE TOWNE STATUARY, INC.

Principal Place of Business

Mailing Address

LOTS 7 & 8, BLUE JAY SUBDIVISION  
HWY 349 N  
OLD TOWN FL 32680

P O BOX 1264  
OLD TOWN FL 32680-1264

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HC5 Box 951

City & State

City & State

OLD TOWN, Florida

Zip

Country

Zip

32680

Country

4. FEI Number

59-3350601

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMITT, VICKI L  
LOTS 7 & 8, BLUE JAY SUBDIVISION  
HWY 349 N  
OLD TOWN FL 32680

Name Peter R. Palmer

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

HC5 Box 951

City

OLD TOWN

FL

Zip Code

32680

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

Peter R. Palmer Pres.

*Peter R. Palmer*

2-7-00

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 PD  
NAME SCHMITT, VICKI L  
STREET ADDRESS LOTS 7 & 8, BLUE JAY SUBDIVISION  
CITY-ST-ZIP OLD TOWN FL 32680 ☒ Delete

TITLE VP  
NAME HALLAS, DAVID B  
STREET ADDRESS COFFEE DR  
CITY-ST-ZIP OLD TOWN FL 32680 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES  
NAME PETER R PALMER  
STREET ADDRESS P.O. BOX 146  
CITY-ST-ZIP OLD TOWN, FL 32680 ☒ Change ☐ Addition

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

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

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

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

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

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:

*Peter R. Palmer* Peter R. Palmer Pres.

2-7-00

352-542-25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90001 001 \*\*\*150.00

00017000



DO NOT WRITE IN THIS SPACE