

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002816

1. Entity Name
OLDE TOWNE STATUARY, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90003 037 ***150.00

Principal Place of Business
LOTS 7 & 8. BLUE JAY SUBDIVISION
HWY 349 N
OLD TOWN FL 32680

Mailing Address
HC5 BOX 951
OLD TOWN FL 32680



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

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
SCHMITT, VICKI L
HC5 BOX 951
OLD TOWN FL 32680

7. Name and Address of New Registered Agent
Name **Palmer, Peter R**
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 President** **Peter R. Palmer** **2-20-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, PETER R		NAME	Palmer, Peter R. Jr.	
STREET ADDRESS	PO BOX 146		STREET ADDRESS	PO Box 146	
CITY-ST-ZIP	OLD TOWN FL 32680		CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLAS, DAVID B		NAME		
STREET ADDRESS	COFFEE DR		STREET ADDRESS		
CITY-ST-ZIP	OLD TOWN FL 32680		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Peter R. Palmer** **2-20-01** **1-352-542-2564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)