

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90192 025 ***150.00

DOCUMENT # P96000012321

1. Entity Name
PALM BEACH STEERING COLUMNS, INC.

Principal Place of Business

~~5382 STEVEN RD.~~
~~BOYNTON BEACH FL 33437~~

Mailing Address

~~5382 STEVEN RD.~~
~~BOYNTON BEACH FL 33437~~

2. Principal Place of Business

5703 Lagodel Sol Dr
 Suite, Apt. #, etc.

3. Mailing Address

5703 Lagodel Sol Drive
 Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. FEI Number

65-0648415

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMANN, SHARON M

~~5382 STEVEN RD.~~ 5703 Lagodel Sol Dr
~~BOYNTON BEACH FL 33437~~ LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 THOMANN, WILLIAM H
STREET ADDRESS ~~5382 STEVEN RD.~~
CITY-ST-ZIP ~~BOYNTON BEACH FL 33437~~

TITLE D ☐ Delete
NAME THOMANN, SHARON M
STREET ADDRESS ~~5382 STEVEN RD.~~
CITY-ST-ZIP ~~BOYNTON BEACH FL 33437~~

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 THOMANN, WILLIAM H ☒ Change ☐ Addition
NAME
STREET ADDRESS 5703 Lagodel Sol Dr
CITY-ST-ZIP Lake Worth FL 33467

TITLE THOMANN SHARON M ☒ Change ☐ Addition
NAME
STREET ADDRESS 5703 Lago del Sol Dr
CITY-ST-ZIP Lake Worth FL 33467

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

1/22/02 (561) 736 2485
 Date Daytime Phone #

CR2E034 (9/01)