

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017076

1. Entity Name

PALM BEACH CONCIERGE, INC.

FILED

Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90039 001 ***158.75

Principal Place of Business

Mailing Address

1683 CARRIAGE BROOK DR
WELLINGTON FL 33414
US

1683 CARRIAGE BROOK DR
WELLINGTON FL 33408-4509
US

2. Principal Place of Business

3. Mailing Address

712 US Highway One
Suite, Apt. #, etc.
301-32

712 US Highway One
Suite, Apt. #, etc.
301-32

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

Zip
33408

Country
USA

Zip
33408

Country
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, ANDREW G
1683 CARRIAGE BROOK DR
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name
Elayne Fiorella
Street Address (P.O. Box Number is Not Acceptable)
Palm Beach Concierge
712 US Highway One #301-32
City
N. Palm Beach FL Zip Code
33408

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

1-5-2000

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
NAME
D MORRIS, ANDREW G
STREET ADDRESS
1683 CARRIAGE BROOK DR
CITY-ST-ZIP
WELLINGTON FL 33414 ☒ Delete

TITLE
NAME
President / Secretary
STREET ADDRESS
Elayne Fiorella
CITY-ST-ZIP
122 Olive Tree Cr. ☐ Delete

TITLE
NAME
WPB, FL 33413 ☒ Delete

TITLE
NAME
Vice President / Treasurer
STREET ADDRESS
Terrence J. Forgie, Jr
CITY-ST-ZIP
122 Olive Tree Cr ☐ Delete

TITLE
NAME
WPB FL 33413 ☐ Delete

TITLE
NAME
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
President / Secretary
STREET ADDRESS
Elayne Fiorella
CITY-ST-ZIP
122 Olive Tree Cr. ☐ Change ☒ Addition
WPB FL 33413

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
Vice President / Treasurer
STREET ADDRESS
Terrence J. Forgie, Jr
CITY-ST-ZIP
122 Olive Tree Cr. ☐ Change ☒ Addition
WPB FL 33413

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elayne Fiorella - President

Date

Daytime Phone #

1-5-2000

561-641-2177