

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018179

1. Entity Name

MEDALLION HOMES OF PALM BEACH, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90160 041 ***150.00

Principal Place of Business

4241 B NORHT LAKE BLVD
WEST PALM BEACH FL 33410
US

Mailing Address

P.O. BOX 30476
PALM BEACH GARDENS FL 33420-0476
US

00001110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 US #1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite H

City & State
North Palm Beach

City & State

Zip
33408

Country
P.B.

Zip

Country

4. FEI Number 65-0663200

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

O'BRIEN, CHRISTOPHER J
4241 B NORTH LAKE BLVE
PALM BCH GARDEN FL 33403

Name O'Brien, Christopher J.

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

Suite H

700 US #1

City North 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

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 DPS
NAME O'BRIEN, CHRISTOPHER J
STREET ADDRESS 4241 B NORTH LAKE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33410 ☐ Delete

TITLE DPS
NAME O'Brien, Christopher J.
STREET ADDRESS Suite H; 700 US #1
CITY-ST-ZIP North Palm Bch FL 33408 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(56)863-1090

Daytime Phone #

CR2E034 (10/00)