FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P9600030845 04-07-2001 90020 018 \*\*\*150.00 PALM BEACH NATIONAL HOLDING COMPANY Principal Place of Business Mailing Address 125 WORTH AVE. 125 WORTH AVE DODMOZON STE 100 STF 100 PALM BEACH FL 33480 PALM BCH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0742120 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY, JAMES E Street Address (P.O. Box Number is Not Acceptable) 3931 RCA BLVD STE 3102 PALM BEACH GARDENS FL 33410 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE ANDERSON, H. L. JR. NAME NAME STREET ADDRESS STREET ADDRESS 125 WORTH AVE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL COO ☐ Addition Delete Change TITLE TITLE NAME ANTHONY, JAMES NAME STREET ADDRESS STREET ADDRESS 3931 RCA BLVD, STE 3102 CITY-ST-ZIP CITY-ST-ZIP PALM BCH GDNS FL 33410 TITLE ☐ Change ☐ Addition TITLE Delete NAME MARCHESANI, DEBRA J NAME STREET ADDRESS 3931 RCA BLVD, STE 3102 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ 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:

TURE AND TYPED OR PRINTED NAME OF SURING OFFICER OR DIRECTOR

APRIL 2, 2001 (561) 776-2406

Daytime Phone #