

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90034 025 ***150.00

DOCUMENT # P96000033396

1. Entity Name

270 SOUTH COUNTY ROAD CORP.



Principal Place of Business

250 WORTH AVE
PALM BEACH, FL 33480

Mailing Address

250 WORTH AVE
PALM BEACH, FL 33480



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0671953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON
250 WORTH AVE
PALM BEACH, FL 33480

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANDELSMAN, STEVE
STREET ADDRESS 18 HOTEL DR.
CITY-ST-ZIP WHITE PLAINS, NY

TITLE VP
NAME STOCKER, MARSHA
STREET ADDRESS 5 LOVE LANE
CITY-ST-ZIP HARRISON, NY

TITLE AS
NAME HANDELSMAN, BURTON
STREET ADDRESS 250 WORTH AVE
CITY-ST-ZIP PALM BCH, FL 33480

TITLE AS
NAME HANDLES MAN, LUCILLE
STREET ADDRESS 250 WORTH AVE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE AS
NAME HANDLES MAN, SANDY
STREET ADDRESS 3 LOVE LANE
CITY-ST-ZIP HARRISON, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Date

Daytime Phone #