

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074319

1. Entity Name

E. PALMER AND ASSOCIATES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90141 011 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 17731
TAMPA FL 33682-7731

POST OFFICE BOX 17731
TAMPA FL 33682-7731

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3388688**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PALMER, ELOISE A
13307-A NO OLA AVE
TAMPA FL 33612

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D PALMER, ELOISE A**
STREET ADDRESS **13307-A N. OLA AVE.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME **D PALMER, JAMES A**
STREET ADDRESS **3003 ST CHARLES DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE ☐ Delete
NAME **D GOODSON, JOSEPH EUGENE**
STREET ADDRESS **10134 HILLTOP DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE ☐ Delete
NAME **D MILLER, REV. A. BERTRAM**
STREET ADDRESS **1121 99TH ST**
CITY-ST-ZIP **BAY HARBOR ISLANDS FL**

TITLE ☒ Change ☐ Addition
NAME **MILLER, REV. A. BERTRAM**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D LAPOINT, CATHY**
STREET ADDRESS **13638 SUNSHOWER CIR.**
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE ☐ Delete
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: Eloise A. Palmer, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eloise A. Palmer 9/30/00

Date

Daytime Phone

CR2E034 (9/99)