

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002282

1. Entity Name

PALMYRA SYSTEMS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90136 021 ***150.00

Principal Place of Business

Mailing Address

4231 WALNUT BEND
2C
JACKSONVILLE FL 32257
US

4231 WALNUT BEND
2C
JACKSONVILLE FL 32257-6457
US

910000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3830 Crown Point Road

3. Mailing Address

3830 Crown Point Road

Suite, Apt. #, etc.

E3

Suite, Apt. #, etc.

E3

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3422351

Applied For

Not Applied

Zip

32257-6457

Country

US

Zip

32257

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNER, PERRY
4231 WALNUT BEND, SUITE 2C
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

KENNER, PERRY

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

3830 Crown Point Road, Suite E3

City

Jacksonville

FL

Zip Code

32257

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

Perry Kenner PERRY KENNER, President

02/14/2000

Signature, type 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
Added to Fee:

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS KENNER, PERRY
CITY-ST-ZIP 4231 WALNUT BEND, SUITE 2C
JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add
NAME D
STREET ADDRESS KENNER, PERRY
CITY-ST-ZIP 3830 CROWN POINT ROAD, SUITE E3
JACKSONVILLE FL 32257

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

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

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

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Perry Kenner PERRY KENNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2000
Date

904/886-9922
Daytime Phone #