

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90118 045 ***150.00

DOCUMENT # P97000014695

1. Entity Name
PALM BEACH HOMEBUYERS, INC.

Principal Place of Business Mailing Address
~~931 VILLAGE BLVD. SUITE 905-427 WEST PALM BEACH FL 33409~~ **6901 W. Okeechobee Blvd. 33411**
~~931 VILLAGE BLVD. SUITE 905-427 WEST PALM BEACH FL 33409-1944~~ **6901 W. Okeechobee Blvd. 33411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0740595** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUROZSKI, ROBERT P
~~931 VILLAGE BLVD. SUITE 905-427 WEST PALM BEACH FL 33409~~ **6901 W. Okeechobee Blvd. 33411**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUROZSKI, ROBERT P 931 VILLAGE BLVD., SUITE 905-427 WEST PALM BEACH FL 33409 6901 W. Okeechobee Blvd. 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTD OLSON, LINDA 931 VILLAGE BLVD., SUITE 905-427 WEST PALM BEACH FL 33409 6901 W. Okeechobee Blvd. 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BUROZSKI, ROBERT P 931 VILLAGE BLVD., SUITE 905-427 WEST PALM BEACH FL 33409 6901 W. Okeechobee Blvd. 33411 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Linda Olson* **LINDA OLSON** 4/17/2000 (561) 478-7675
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)