

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90105 036 ***550.00

DOCUMENT # P97000050201

1. Entity Name

ROBERT C. PALMER III, P.A.

Principal Place of Business

Mailing Address

25 WEST CEDAR STREET
 SUITE 660
 PENSACOLA FL 32501

25 WEST CEDAR STREET
 SUITE 660
 PENSACOLA FL 32501-5945

2. Principal Place of Business

3. Mailing Address

226 Palatka Place

226 Palatka Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor

9th Floor

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

USA

Zip

32501

Country

USA

4. FEI Number

59-3451486

Applied For

Not Applicable

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, ROBERT C III
25 WEST CEDAR STREET
SUITE 660
PENSACOLA FL 32501

Name

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

226 Palatka Place 9th Floor

City *Pensacola*

FL

Zip Code *32501*

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]

5/6/00

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.

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	PD	<input type="checkbox"/> Delete
NAME	CONRAD PALMER, ROBERT III	
STREET ADDRESS	4604 ROMMITCH LANE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/00

Date

550-434-2411

Daytime Phone #

103279



DO NOT WRITE IN THIS SPACE