

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050201

1. Entity Name

ROBERT C. PALMER III, P.A.

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

05-26-2000 90105 036 \*\*\*550.00

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

226 Palatka Place

3. Mailing Address

226 Palatka Place

Suite, Apt. #, etc.

9th Floor

Suite, Apt. #, etc.

9th Floor

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

USA

Zip

32501

Country

USA



103279

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
CONRAD PALMER, ROBERT III  
4604 ROMMITCH LANE  
PENSACOLA FL 32504

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/6/00

550-434-2411