

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90043 047 \*\*\*150.00

**DOCUMENT # P97000061236**

**1. Entity Name**  
**PALMETTO ADVENTURES, INC.**

**Principal Place of Business**

**6275 S TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**

**Mailing Address**

**6275 S TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**

**2. Principal Place of Business**

**1300 EMMA DR**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1300 EMMA DR**  
 Suite, Apt. #, etc.

**City & State**

**MERRITT ISLAND FL**

**City & State**

**MERRITT ISLAND FL**

**4. FEI Number**

**59-3457521**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**32952**

**Zip**

**Country**

**32952**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**ROSLAN, WALTER J**  
**6275 S TROPICAL TRAIL**  
**MERRITT ISLAND FL 32952**

**Name**

**ROSLAN, WALTER**

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

**1300 EMMA DR**

**City**

**MERRITT ISLAND**

**FL**

**Zip Code**

**32952**

**7. Name and Address of New Registered Agent**

**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** **WALTER ROSLAN 'PRESIDENT'**

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

*Walter Roslan*

(NOTE: Registered Agent signature required when reinstating)

**2-16-02**

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, 2002 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** **PT** ☐ Delete  
**NAME** **ROSLAN, WALTER J**  
**STREET ADDRESS** **6275 S TROPICAL TRAIL**  
**CITY-ST-ZIP** **MERRITT ISLAND FL 32952**

**TITLE** **S** ☒ Delete  
**NAME** **LEWIS, ALFRED H**  
**STREET ADDRESS** **32 VALENCIA ROAD**  
**CITY-ST-ZIP** **ROCKLEDGE FL 32955**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**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:** *Walter Roslan* **WALTER ROSLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-16-02**

Date

**321 453 4436**

Daytime Phone #

CR2E034 (9/01)