2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000063560** May 17, 2000 8:00 am Secretary of State PALERMO MANAGEMENT, INC. 05-17-2000 90902 044 ***158.75 Principal Place of Business Mailing Address 11924 FOREST HILL BLVD. 11924 FOREST HILL BLVD. SUITE 22-221 SUITE 22-221 WELLINGTON FL 33414-6256 WELLINGTON FL 33414 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FE! Number Applied For City & State City & State 65-0773898 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A& G Management LEVINE - DONNA P ESQ -Street Addr 22 Essex Drive 324 DATURA STREET The State of SUITE 145 WEST PALM BEACH FL 33401 Zip Code 33414 City Wellington Ω or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its register, office or registered 4/27/00 George J. Palermo, President allen FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TIT! F TITLE PALERMO, GEORGE J NAME NAME STREET ADDRESS 1282 ESSEX DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Addition ☐ Change TITLE ☐ Delete TITLE PALERMO, ROMALIE R NAME NAME STREET ADDRESS STREET ADDRESS 1282 ESSEX DRIVE CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change ☐ Addition ☐ Delete TITLE TITLE NAME PALERMO, DINA M NAME STREET ADDRESS 8730 N. HIMES AVE. #1116 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** Change ☐ Addition TITLE ☐ Delete TITLE Burke, Sandra R NAME NAME STREET ADDRESS STREET ADDRESS 280 GLENMOOR LANE CITY-ST-ZIP CITY-ST-ZIP LONG LAKE MN 55356 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCGREGOR, JACK L NAME NAME STREET ADDRESS STREET ADDRESS 2970 JOG ROAD CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL 33467** ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

George Dalermo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

561-795-3182

Daytime Phone #

4/27/00