

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065256

1. Entity Name  
PALM BEACH BOX COMPANY

Principal Place of Business

Mailing Address

~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
Suite 305

Suite, Apt. #, etc.  
Suite 305

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip  
33401

Country  
USA

Zip  
33401

Country  
USA

4. FEI Number 59-2117554

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

KOSOY, COLLEEN

~~200 PHIPPS PLAZA~~  
~~PALM BEACH FL 33400~~

Name

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

One N. Clematis St.

Suite 305

City

West Palm Beach, FL

Zip Code

33401

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

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, 2001 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  
PSTD  
KOSOY, COLLEEN  
~~200 PHIPPS PLZ~~  
~~PALM BCH FL 33400~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
One N. Clematis St. - Ste. 305  
West Palm Beach, FL 33401

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 OFF, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-12-01

Extra Phone

FILED

Jun 02, 2002 8:00 am  
Secretary of State

06-02-2002 90905 031 \*\*\*158.75