

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90154 001 ***150.00

DOCUMENT # P97000079256

1. Entity Name
PALMER SPREADER SERVICE, INC.

Principal Place of Business
**548 N. HILLSBORO AVENUE
 ARCADIA FL 34266**

Mailing Address
**548 N. HILLSBORO AVENUE
 ARCADIA FL 34266**

2. Principal Place of Business
548 N. Hillsborough Ave.

3. Mailing Address
548 N. Hillsborough Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Arcadia, FL

City & State
Arcadia, FL

4. FEI Number **65-0779019**

Applied For
 Not Applicable

Zip
34266-4720

Country
DeSoto

Zip
34266-4720

Country
DeSoto

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 L
 548 N. HILLSBORO AVENUE
 ARCADIA FL 34266**

Name

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

**548 N. Hillsborough Avenue
 Arcadia, Florida 34266-4720**

City

FL

Zip Code

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 *Robert L Palmer* **Robert L Palmer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/01

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 ☐ Delete
P
 NAME **PALMER, ROBERT LANCE**
 STREET ADDRESS **548 N HILLBORO AVE**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **548 N. Hillsborough Avenue**
 CITY-ST-ZIP **Arcadia, Florida 34266-4720**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **PALMER, SHARON E**
 CITY-ST-ZIP **548 N HILLSBORO AVE**
ARCADIA FL 34266

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **548 N. Hillsborough Avenue**
 CITY-ST-ZIP **Arcadia, Florida 34266-4720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Robert L Palmer* **Robert L Palmer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01

CR2E034 (10/00)