

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90068 018 ***150.00

DOCUMENT # P97000079256

1. Entity Name

PALMER SPREADER SERVICE, INC.

Principal Place of Business

**548 N. HILLSBOROUGH AVENUE
 ARCADIA FL 34266-4720**

Mailing Address

**548 N. HILLSBOROUGH AVENUE
 ARCADIA FL 34266-4720**

2. Principal Place of Business

3. Mailing Address

P.O. Box 202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA FLORIDA

4. FEI Number

65-0779019

Applied For

Not Applicable

Zip

Country

Zip

Country

34265-0202 DE SOTO

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. HILLSBOROUGH AVENUE
 ARCADIA FL 34266-4720**

Name

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **PALMER, ROBERT LANCE**
 CITY-ST-ZIP **548 N. HILLSBOROUGH AVENUE
 ARCADIA FL 34266**

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

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

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

TITLE ☐ Delete
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 863494-51698
 Date Daytime Phone #

CR2E034 (9/01)