

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90049 041 \*\*\*150.00

**DOCUMENT # P97000088782**

1. Entity Name

**PALM-AIRE PROPERTIES, INC.**

Principal Place of Business

**6806 WAGON WHEEL CIRCLE  
 SARASOTA FL 34243  
 US**

Mailing Address

**6806 WAGON WHEEL CIRCLE  
 SARASOTA FL 34243  
 US**

2. Principal Place of Business

**6120 Country Club Way  
 Suite, Apt. #, etc.  
 208**

3. Mailing Address

**6120 Country Club Way  
 Suite, Apt. #, etc.  
 208**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34243**

Country

**FLORIDA**

Zip

**34243**

Country

**FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0806292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHAKOS, TIM  
 6806 WAGON WHEELS CIRCLE  
 SARASOTA FL 34243**

7. Name and Address of New Registered Agent

**TIM CHAKOS  
 Street Address (P.O. Box Number is Not Acceptable)  
 6120 Country Club Way #208  
 City SARASOTA FL Zip Code 34243**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSV CHAKOS, TIM 6120 COUNTRY CLUB WAY #208 SARASOTA FL 34243</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**TIM CHAKOS** 2-8-02 351-2330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20024 (0/01)