

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90485 036 ***150.00

DOCUMENT # P97000098921

1. Entity Name

PALMER REAL ESTATE COMPANY

dba Sunrise Realty

Principal Place of Business

**232 RIVER BEACH DR
 SUITE B
 ORMOND BEACH FL 32176
 US**

Mailing Address

**232 RIVER BEACH DR
 SUITE B
 ORMOND BEACH FL 32176
 US**

2. Principal Place of Business

374 South Atlantic Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Ste A

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

FLORIDA

Zip

32176

Country

FLORIDA

4. FEI Number

59-3576089

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PALMER, JOSEPH STEVEN

232 RIVER BEACH DRIVE

SUITE B

ORMOND BEACH FL 32176

9 Sandpoint Cir

Ormond Beach, FL

32174

7. Name and Address of New Registered Agent

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

Joseph Steven Palmer

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 **D** ☐ Delete
 NAME **PALMER, JOSEPH STEVEN**
 STREET ADDRESS **9 SAND POINT CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **VP** ☒ Delete
 NAME **MASTROPIERRO, JOHN N**
 STREET ADDRESS **45 PLEASANT DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Please note all changes**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **1. New office location**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **2. New dba Name**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **3. Registered Agent address**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **4. Deletion of VP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **NO LONGER** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **VP**

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

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

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

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:

Joseph Steven Palmer

4/24/02

386-677-9947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attachment
Document #
P97000098921
869364

May 21, 2002

PALMER REAL ESTATE COMPANY
232 RIVER BEACH DR
SUITE B
ORMOND BEACH, FL 32176 US

RC
6/11/02

Subject: PALMER REAL ESTATE COMPANY

Reference Number: P97000098921

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mm

ANNUAL REPORTS SECTION

Sorry for the oversight
in writing out the
check.