

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90331 050 ***150.00

002196 AV

DOCUMENT # P97000098921

1. Entity Name

PALMER REAL ESTATE COMPANY



Principal Place of Business
374 SOUTH ATLANTIC AVE.
STE A
ORMOND BEACH FL 32176
US

Mailing Address
232 RIVER BEACH DR
SUITE B
ORMOND BEACH FL 32176
US

400000001



2. Principal Place of Business

3. Mailing Address

374 South Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A

City & State

City & State

Ormond Bch

Zip

Country

Zip

Country

FL

32176

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3576089

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

PALMER, JOSEPH STEVEN
9 SANDPOINT CIR.
ORMOND BEACH FL 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing -
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH STEVEN PALMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ck #740

Date

Daytime Phone #

4/22/03

CR2E034 (10/02)