

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90114 026 ***150.00

DOCUMENT # P97000103563

1. Entity Name
RICK PALMATEER, INC.

Principal Place of Business

**412 CYPRESS RD
 OCALA FL 34472**

Mailing Address

**412 CYPRESS RD
 OCALA FL 34472**

2. Principal Place of Business

**3001 SE Lake Weir Ave
 Suite, Apt. #, etc. Apt # 1301**

3. Mailing Address

**PO Box 6797
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Ocala FL

Zip
34471

Country
USA

City & State
Ocala FL

Zip
34478

Country
USA

4. FEI Number
59-3487176

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PALMATEER, RICK
 412 CYPRESS RD
 OCALA FL 34472**

7. Name and Address of New Registered Agent

Name **Rick Palmateer**
 Street Address (P.O. Box Number is Not Acceptable)
3001 SE Lake Weir Ave Apt # 1301
 City **Ocala** **FL** Zip Code **34471**

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 ☐ Delete
 NAME **PD PALMATEER, RICK**
 STREET ADDRESS **412 CYPRESS RD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
 NAME **VSD PALMATEER, KERRY DIANE**
 STREET ADDRESS **412 CYPRESS RD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41702 352-351-8172
 Date Daytime Phone #

CR2E034 (9/01)