

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000103661**

1. Entity Name

PALM BEACH LOCOMOTIVE WORKS, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90003 048 ***158.75

0456477

Principal Place of Business DUVAL COUNTY FLA JAX JACKSONVILLE FL 32219 US	Mailing Address PO BOX 186 JACKSONVILLE FL 32219 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

C0005185

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PENTICOFF, CARL ROUTE 3, BOX 779 CALLAHAN FL 32011	7. Name and Address of New Registered Agent Name PENTICOFF, CARL Street Address (P.O. Box Number is Not Acceptable) 4482 RATLIFF ROAD CALLAHAN, FLA, City FL Zip Code 32011
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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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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																								
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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: *Carl Penticoff* **CARL PENTICOFF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001

Date

1-904-8795873

Daytime Phone #

CR2E034 (10/00)