

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001360

1. Entity Name

PALM DEVELOPMENT, INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90240 042 ***550.00

Principal Place of Business

Mailing Address

331 CAPE CORAL PKWY.
UNIT C
CAPE CORAL FL 33914

331 CAPE CORAL PKWY.
UNIT C
CAPE CORAL FL 33914
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Same

One Grove Street
Suite 216-A

City & State

City & State

Zip

Country

Zip

Country

14534

USA

4. FEI Number 65-0803738

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

PETERSON, ROBERT V
331 CAPE CORAL PKWY.
UNIT C
NAPLES FL 33914

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

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, BOB
STREET ADDRESS 331 CAPE CORAL PKWY WEST UNIT C
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE VD
NAME SCHUTT, ROGER
STREET ADDRESS 1004 S.W. 48TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE T
NAME ZACHMAN, PAUL
STREET ADDRESS ONE GROVE STREET
CITY-ST-ZIP PITTSFORD NY 14534 ☐ Delete

TITLE S
NAME SCALIA, ANTHONY
STREET ADDRESS 8106 STATE ST. ROAD
CITY-ST-ZIP BATAVIA NY 14020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/01 1716 232 8860

CR2E034 (10/00)

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