

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000017185

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** WEST PALM BEACH HISTORIC MAIN STREET, INC.

**Current Principal Place of Business:**

526 CLEMATIS ST  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

528 A CLELMATIS ST  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

528 A CLEMATIS ST  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-0814262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNING, LAWRENCE  
528 A CLELMATIS ST  
WEST PALM BEACH, FL 33401

**Name and Address of New Registered Agent:**

CORNING, LAWRENCE  
528 A CLEMATIS ST  
WEST PALM BEACH, FL 33401

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:

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: CORNING, LAWRENCE  
Address: 518 BANYAN BLVD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V ( ) Delete  
Name: PLETT, JASON  
Address: 330 N  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE CORNING

PTSD

04/29/2002

Electronic Signature of Signing Officer or Director

Date