

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024700

1. Entity Name

PALM BEACH BOOK KEEPERS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90029 028 ***150.00

Principal Place of Business

Mailing Address

~~1220 WYNNDAL RD~~
~~WEST PALM BEACH FL 33417~~

~~1220 WYNNDAL RD~~
~~WEST PALM BEACH FL 33417-6624~~

2. Principal Place of Business

3. Mailing Address

2932 Forest Hill Blvd
Suite, Apt. #, etc.

P.O. Box 20507
Suite, Apt. #, etc.

838346



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach FL
Zip
33406
Country
Palm Beach

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Zip
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Country
Palm Beach

4. FEI Number 65-0859404

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

REYES, MIGUEL
1220 WYNNDAL RD
WEST PALM BEACH FL 33417

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME REYES, MIGUEL
STREET ADDRESS 1220 WYNNDAL ROAD
CITY-ST-ZIP W. PALM BEACH FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME LARSON, MERLE
STREET ADDRESS 74 BRIDGETTE BLVD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

Date

Daytime Phone #

CR2E034 (9/99)