## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000029893** PALM FARM TROPICAL FOLIAGE, INC. 1 Principal Place of Business Mailing Address 4200 EOLA AVE 4200 EOLA AVE TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Name HIGGINBOTHAM, DARROLL W 1874 N CARPENTER RD TITUSVILLE FL 32796

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

☐ Delete

☐ Delete

Delete

Delete

☐ Delete

☐ Delete

9. This corporation is eligible to satisfy its Intangible

HIGGINBOTHAM, DARROLL W

HIGGINBOTHAM, PAUL RAE

1874 N CARPENTER RD

TITUSVILLE FL 32796

1874 N CARPENTER RD

TITUSVILLE FL 32796

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

7171.8

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

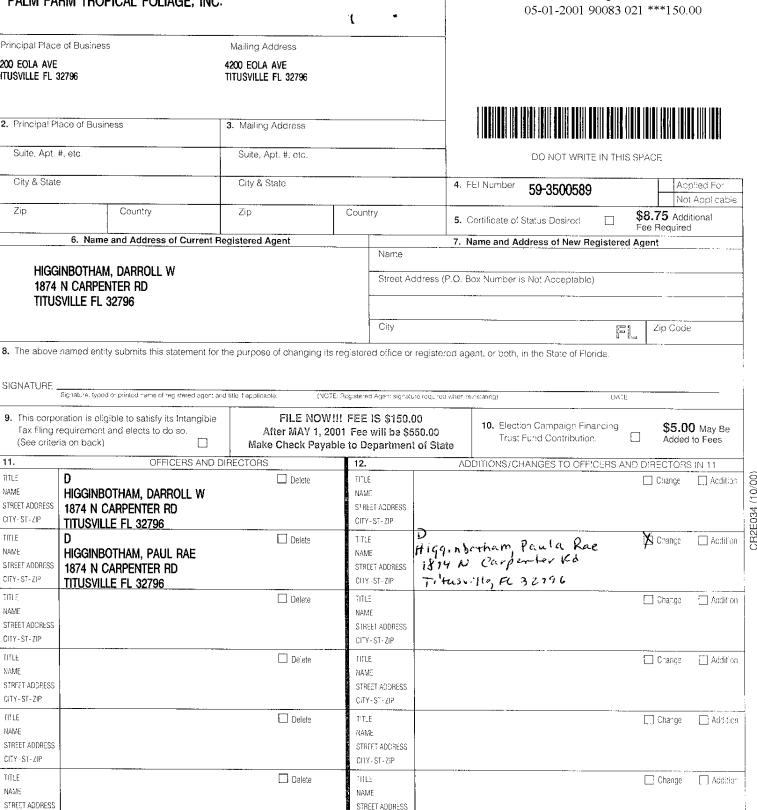
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## FILED May 01, 2001 8:00 am Secretary of State



13. Thereby certify that the information supplied with this filling 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 attaching the with an address, with all other like empowered.

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darroil W.