FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000036151** PALM AIRE POLK, INC. 05-15-2000 90173 039 ***150.00 Principal Place of Business Mailing Address 3225 S. MAC DILL AVE 3225 S. MAC DILL AVE #209 #209 TAMPA FL 33629-8171 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address 3825 Henderson Blvd. 出3825 Henderson Blvd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sute 400 Applied For City & State City & State 4. FEI Number 59-3505600 Tampa, FL Not Applicable Tampa 1 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33629 33629 Fee Required 7. Name and Address of New Registered Agent - - 6.-Name and Address of Current Registered Agent PIPPIN, DAVE Number is Not Acceptable). 2225 S. MACDILL AVE #209 **TAMPA FL 33629** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition 2 delete TITLE TITLE PIPPIN, DAVE NAME 3225 S. MACDILL AVE- #209 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 Addition [] Change ☐ Delete A ITIT Hunt, Hamilton E. Jr. NAME NAME 4427 W. Kennedy Blvd. #125 STREET ADDRESS STREET ADDRESS Tampa, FL 33609 CITY-ST-ZIP CITY-ST-ZIP Change **Addition** ☐ Delete TITLE TITLE Marks, Jum NAME NAME 3825 Henderson Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-7IP Tampa, PL 33629 CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with his 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 emplowered 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: