

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90370 034 ***150.00

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DOCUMENT # P98000036314

1. Entity Name
PALM BEACH R & D, INC.



Principal Place of Business
**1118-A N. "G" ST.
A
LAKE WORTH FL 33460**

Mailing Address
**PO BOX 806
806
LAKE WORTH FL 33460**



2. Principal Place of Business
**1000 10th AVE, S.
Suite, Apt. #, etc. 12**

3. Mailing Address

Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State

Zip
33460 Country
PALM BEACH

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOKINEN, TEPPU K
1118-A N. "G" ST.
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **TEPPU K. JOKINEN**

Street Address (P.O. Box Number is Not Acceptable)

1000 10th AVE, SOUTH

City **LAKE WORTH** FL Zip Code **33460**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TEPPU K. JOKINEN** DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRS** ☐ Delete
NAME **JOKINEN, TEPPU K**
STREET ADDRESS **1118-A N. "G" ST.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRS** ☒ Change ☐ Addition
NAME **JOKINEN TEPPU K**
STREET ADDRESS **1000 10 AVE. SOUTH**
CITY-ST-ZIP **LAKE WORTH FL 33460**

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

TITLE ☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **TEPPU K. JOKINEN** 5/28/03 561-586-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)