

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0173816 AV

DOCUMENT # P98000040642

1. Entity Name
PALMBROOK INC.



FILED

03 OCT 21 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
16602 SADDLE CLUB RD
WESTON FL 33326

Mailing Address
19017 SW 7TH ST
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2404065

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

DEGREEFF, JULIE A
19017 SW 7 ST
PEMBROKE PINES FL 33029

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

SIGNATURE

Julie Degreiff as President

400023416974

09/30/03--01014--010 **550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DEGREEFF, JULIE A
STREET ADDRESS 14701 SOUTHWEST 20TH STREET
CITY-ST-ZIP DAVIE FL 33325

TITLE ☒ Change ☐ Addition
NAME DeGreeff, Julie A
STREET ADDRESS 19017 SW 7th
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE D ☐ Delete
NAME SANTARCANGELO, PATRICIA
STREET ADDRESS 12133 NORTHWEST 27TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400023416974
CITY-ST-ZIP 10/21/03--01118--027 **200.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Julie Degreiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)