

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059967

1. Entity Name
WILLIAM J. PALMER CONSULTING, INC.

Principal Place of Business
800 TRAFALGAR COURT #200
MAITLAND FL 32751

Mailing Address
800 TRAFALGAR COURT #200
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

840 Preserve Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Heathrow, FL

Zip

Country

Zip
32746

Country

FL

4. FEI Number 59-3523713

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

PALMER, WILLIAM J
840 PRESERVE TERRACE
HEATHROW FL 32746

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 *William J. Palmer, Pres.*

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/01

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 \$550.00
After September 12, 2001 - Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, WILLIAM J 840 PRESERVE TERRACE HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William J. Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

Daytime Phone #

321-262-4200

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90001 043 ***550.00



DO NOT WRITE IN THIS SPACE

AV 09/13/01

CR2E034 (5/01)