

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061483

1. Entity Name
PALI GAP, INC.

FILED
Sep 22, 2000 8:00 am
Secretary of State

09-22-2000 90004 007 ***550.00

Principal Place of Business

18A - A STREET
ST. AUGUSTINE FL 32084

Mailing Address

18A - A STREET
ST. AUGUSTINE FL 32084

80107444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3259 SEA OATS CIR

3. Mailing Address

3259 SEA OATS CIR

Suite, Apt. #, etc.

~~18A - A STREET~~

Suite, Apt. #, etc.

~~18A - A STREET~~

City & State

MELBOURNE BCH, FL

City & State

MELBOURNE BCH, FL

Zip

Country

32951

U.S.A.

Zip

32951

Country

4. FEI Number

59-3525109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERSON, JASON
203 7TH ST
APT A
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

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

3259 SEA OATS CIR

City

MELBOURNE BCH, FL

Zip Code

32951

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-11-00

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 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ROBERSON, JASON
STREET ADDRESS 203 7TH ST, APT A
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Jason ROBERSON
STREET ADDRESS 3259 SEA OATS CIR
CITY-ST-ZIP MELBOURNE BCH, FL 32951

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-11-00 (321) 723 9041