

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061681

1. Entity Name

PALM COAST INFORMATION SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90492 001 *****8.75

05-24-2000 90492 002 ***550.00

Principal Place of Business

Mailing Address

3404 PERIWINKLE CT..APT.207
 PALM BEACH GARDENS FL 33410-2741

3404 PERIWINKLE CT..APT.207
 PALM BEACH GARDENS FL 33410-2741

2. Principal Place of Business

142 COVENTRY PLACE

3. Mailing Address

142 COVENTRY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM BEACH

CITY & STATE
 PALM BEACH GARDENS FL

CITY & STATE
 PALM BEACH GARDENS FL

Zip
 33418-8030

Country
 USA

Zip
 33418-8030

Country
 USA

4. FEI Number 65-0854906

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

LEAHY, HAROLD
 3404 PERIWINKLE CT..APT.207
 PALM BEACH GARDENS FL 33410-2741

Name LEAHY, HAROLD

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

CITY PALM BEACH GARDENS FL Zip Code 33418-8030

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME LEAHY, HAROLD ☐ Delete
 STREET ADDRESS 3404 PERIWINKLE CT APT 207
 CITY-ST-ZIP PALM BCH GARDENS FL 33410-2741

TITLE LEAHY, HAROLD ☒ Change ☐ Addition
 NAME LEAHY, HAROLD
 STREET ADDRESS 142 COVENTRY PLACE
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418-8030

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)