

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076599

1. Entity Name

PALM BEACH INVESTMENT GROUP, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90023 033 ***150.00

Principal Place of Business

12765 W FOREST HILL BLVD
 SUITE 1313
 WELLINGTON FL 33414

Mailing Address

12765 W FOREST HILL BLVD
 SUITE 1313
 WELLINGTON FL 33414-4781

2. Principal Place of Business

12765 W. Forest Hill Blvd.

3. Mailing Address

12765 West Forest Hill Blvd.

Suite, Apt. #, etc.

Suite 1313

Suite, Apt. #, etc.

Suite 1313

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

US

Zip

33414

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0869678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHERER, KENNETH J ESQ
 C/O COHEN, NORRIS, SCHERER, WEINBERGER & WOLMER
 712 U.S. HIGHWAY ONE, SUITE 400
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHUDA, MICHAEL D	
STREET ADDRESS	1395 WOOD ROW WAY	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT	
STREET ADDRESS	533 LILLIAN DR	
CITY-ST-ZIP	MADEIRA BCH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUDA, STEPHEN J	
STREET ADDRESS	13547 STAMFORD DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGHEE, JENNIFER L	
STREET ADDRESS	1355 WOOD ROW WAY	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGHEE, JAMES	
STREET ADDRESS	515 WATERWAY VILLAGE COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

James J. McGhee

4/25/00

Date

561 790-6210

Daytime Phone #

CR2E034 (9/99)