

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077786

1. Entity Name

VALDINI, PALMER & HALE, P.A.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90100 049 ***150.00

Principal Place of Business

Mailing Address

1451 W. CYPRESS CREEK RD.
STE 300
FT. LAUDERDALE FL 33309

1451 W. CYPRESS CREEK RD.
STE 300
FT. LAUDERDALE FL 33309

U U I U U A



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5353 N. Federal Hwy

3. Mailing Address

5353 N. Federal Hwy

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

Suite 303

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0859926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, ANTHONY E
1451 W. CYPRESS CREEK RD.
STE 300
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

5353 N. Federal Hwy

Suite 303

City

Fort Lauderdale

FL

Zip Code

33308

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, 2001 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 ☐ Delete
NAME PD
STREET ADDRESS PALMER, ANTHONY E
CITY-ST-ZIP 1451 W. CYPRESS CREEK RD., STE 300
FT. LAUDERDALE FL 33309

TITLE ☐ Delete
NAME VD
STREET ADDRESS VALDINI, DAVID J
CITY-ST-ZIP 1451 W. CYPRESS CREEK RD., STE 300
FT. LAUDERDALE FL 33309

TITLE ☐ Delete
NAME SD
STREET ADDRESS HALE, CHRISTOPHER D
CITY-ST-ZIP 1451 W. CYPRESS CREEK RD., STE 300
FT. LAUDERDALE FL 33309

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
STREET ADDRESS 5353 N. Federal Hwy, Suite 303
CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5353 N. Federal Hwy, Suite 303
CITY-ST-ZIP Ft. Lauderdale, FL 33308

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NAME
STREET ADDRESS
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 #

Christopher D. Hale, Sec'y 1/4/01 954-776-8115

CR2E034 (10/00)

0251902