

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90101 013 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000087706</b>			
<b>1. Entity Name</b> <b>TWENTY-NINE PALMS CORPORATION</b>			
<b>Principal Place of Business</b> 4711 NORTH OCEAN DRIVE SEA RANCH LAKES FL 33308		<b>Mailing Address</b> 4711 NORTH OCEAN DRIVE SEA RANCH LAKES FL 33308	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>PYE, THOMAS G</b> <b>2787 E. OAKLAND PK BLVD.</b> <b>#301</b> <b>FT LAUDERDALE FL 33306</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
<b>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.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>PTD</b> <b>HOOVER, RALPH W</b> <b>4711 NORTH OCEAN DRIVE</b> <b>SEA RANCH LAKES FL 33308</b>		<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
<b>SVD</b> <b>GEORGE, TONY</b> <b>4711 NORTH OCEAN DRIVE</b> <b>SEA RANCH LAKES FL 33308</b>		<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
<b>Delete</b> <input type="checkbox"/>		<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
<b>Delete</b> <input type="checkbox"/>		<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
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<b>Delete</b> <input type="checkbox"/>		<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
<b>Delete</b> <input type="checkbox"/>		<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>	
<b>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 file empowered.</b>			
<b>SIGNATURE:</b> <i>Ralph W. Hoover</i>		<b>SIGNATURE:</b> <i>Ralph W. Hoover</i>	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	

CR2E034 (10/00)

2/23/01  
RALPH W. HOOVER 954-553-1649