

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087706

1. Entity Name

TWENTY-NINE PALMS CORPORATION

Principal Place of Business

4711 NORTH OCEAN DRIVE
SEA RANCH LAKES FL 33308

Mailing Address

4711 NORTH OCEAN DRIVE
SEA RANCH LAKES FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0868614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Thomas G. Pye, Esquire
23 NW 33rd Court, Suite 5
Gainesville, FL 32607(I think I
put sticker
in wrong box)
new address
only

Name (Name is correct)

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

23 N.W. 33rd Court, Suite 5
Gainesville, FL

Zip Code 32607

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PTD
NAME HOOVER, RALPH W
STREET ADDRESS 4711 NORTH OCEAN DRIVE
CITY-ST-ZIP SEA RANCH LAKES FL 33308 Delete Change AdditionTITLE SVD
NAME GEORGE, TONY
STREET ADDRESS 4711 NORTH OCEAN DRIVE
CITY-ST-ZIP SEA RANCH LAKES FL 33308 Delete Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete Change Addition

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

2/28/02

954-655-1017

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)