

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91329 026 \*\*\*150.00

**DOCUMENT # P98000107257**

1. Entity Name

**LINDA PALMER, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**82 GLEASON ST  
DELRAY BEACH FL 33483**

Mailing Address

**82 GLEASON ST  
DELRAY BEACH FL 33483**

2. Principal Place of Business

**2892 SW 60th St.**

Suite, Apt. #, etc.

3. Mailing Address

**2892 SW 60th St.**

Suite, Apt. #, etc.

City & State

**Delray Beach, FL**

City & State

**Delray Beach, FL**

4. FEI Number

**65-0883415**

Applied For

Not Applicable

Zip

**33445**

Country

**USA**

Zip

**33445**

Country

**USA**

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

Name

**Palmer, Linda**

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

**2892 SW 60th St.**

City

**Delray Beach, FL**

Zip Code

**33445**

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 **LW Palmer Linda Palmer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/24/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PALMER, LINDA 721 SEASAGE DRIVE DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LINDA PALMER 2892 SW 60th St. Delray Beach, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

**LW Palmer Linda Palmer**

**2/24/01**

Date

Daytime Phone #

**561-243-9254**

CR2E034 (10/00)