

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90060 046 ***150.00

DOCUMENT # P99000006682

1. Entity Name
PALM BROKERAGE COMPANY, INC.

Principal Place of Business Mailing Address
1329 OSPREY NEST LN. **1329 OSPREY NEST LN.**
PORT ORANGE FL 32124 **PORT ORANGE FL 32124-7161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4554 Clyde Morris Blvd **4554 Clyde Morris Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite One **Suite One**
 City & State City & State
Port Orange Fl **Port Orange, Fl**
 Zip Country Zip Country
32119 **Volusia** **32119** **Volusia**

4. FEI Number Applied For
59-3561838 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OSBORNE, TRACY
1329 OSPREY NEST LN.
PORT ORANGE FL 32124

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	Tracy Osborne	4554 Clyde Morris Blvd. Suite One	Port Orange, Fl. 32119
<input type="checkbox"/> Change <input type="checkbox"/> Addition	David Bass	4554 Clyde Morris Blvd. Suite One	Port Orange, Fl. 32119
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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: Paula T. Osborne Date: 4/10/00 Daytime Phone #: 904-760-6900

CR2E034 (9/99)