

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90004 010 ***150.00

DOCUMENT # P99000006682

1. Entity Name
PALM BROKERAGE COMPANY, INC.

Principal Place of Business

**4554 CLYDE MORRIS BLVD
SUITE ONE
PORT ORANGE FL 32119**

Mailing Address

**4554 CLYDE MORRIS BLVD
SUITE ONE
PORT ORANGE FL 32119**

043141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1329 Osprey Nest Lane

3. Mailing Address

1648 Taylor Rd

Suite, Apt. #, etc.

#334

Suite, Apt. #, etc.

#334

City & State

Port Orange

City & State

Port Orange, FL

4. FEI Number

59-3561838

Applied For

Not Applicable

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **OSBORNE, TRACY**
STREET ADDRESS **4054 CLYDE MORRIS BLVD STE 1**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **C** ☒ Change ☐ Addition
NAME **Tracy Osborne**
STREET ADDRESS **1329 Osprey Nest Lane**
CITY-ST-ZIP **Port Orange, FL 32124**

TITLE **P** ☐ Delete
NAME **BASS, DAVID**
STREET ADDRESS **4554 CLYDE MORRIS BLVD STE 1**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **P** ☒ Change ☐ Addition
NAME **David Bass**
STREET ADDRESS **1329 Osprey Nest Lane**
CITY-ST-ZIP **Port Orange, FL 32124**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Tracy D Osborne

4/18/01

904-760-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)