

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90164 011 ***150.00

DOCUMENT # P99000006682

1. Entity Name

PALM BROKERAGE COMPANY, INC.



Principal Place of Business

**1329 OSPREY NEST LANE
DAYTONA BEACH FL 32124**

Mailing Address

**1648 TAYLOR RD
#334
PORT ORANGE FL 32124**

2. Principal Place of Business

6494 Cypress Springs Pkwy
Suite, Apt. #, etc.

3. Mailing Address

1648 Taylor Rd
Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32128

Country

Volusia

Zip

32124

Country

Volusia

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

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

7. Name and Address of New Registered Agent

Name **David Bass**
Street Address (P.O. Box Number is Not Acceptable)

3225 Vail View Dr
City **Daytona Beach** FL Zip Code **32128**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David Bass**
Signature, typed or printed name of registered agent and title if applicable.

David Bass President
(NOTE: Registered Agent signature required when reinstating)

4/15/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	C <input checked="" type="checkbox"/> Delete
STREET ADDRESS	OSBORNE, TRACY
CITY-ST-ZIP	1329 OSPREY NEST LN PORT ORANGE FL 32124
TITLE NAME	P <input type="checkbox"/> Delete
STREET ADDRESS	BASS, DAVID
CITY-ST-ZIP	1329 OSPREY NEST LN PORT ORANGE FL 32124
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	President
CITY-ST-ZIP	Bass, David
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3225 Vail View Dr
CITY-ST-ZIP	Daytona Beach, FL 32128
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

386-760-0023
Daytime Phone #

CR2E034 (10/02)