

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026455

1. Entity Name
CARL V. PALOMBA, INC.

Principal Place of Business

212 WALKER AVENUE
LAKE WORTH FL 33463

Mailing Address

212 WALKER AVENUE
LAKE WORTH FL 33463

2. Principal Place of Business

194 OHIO RD.

3. Mailing Address

194 OHIO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL

Zip

Country

33467

U.S.

Zip

Country

33467

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEEND, JOHN
1109 CONGRESS AVENUE
WEST PALM BEACH FL 33406

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
PALOMBA, CARL V
212 WALKER AVENUE
LAKE WORTH FL 33463

☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ 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

Date

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90018 042 ***150.00

845457



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0593003

Applied For

☒ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (10/00)

4/25/01

561
965-3026