

UNIFORM BUSINESS REPORT (K)

DOCUMENT # P99000042435

1. Entity Name

Palms West Properties, Inc.

FILED

02 JUL 11 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2131 "F" Road

Suite, Apt. #, etc.

3. Mailing Address

2131 "F" Road

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

Zip

33470

Country

U.S.A

Zip

33470

Country

U.S.A

4. FEI Number

65-0919069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Winston A. Davis

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

2131 "F" Road

City

Loxahatchee

FL

Zip Code

33470

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

Winston A. Davis

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

(NOTE: Registered Agent signature required when re-registering)

4/28/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DPST
Davis, Winston A.
2131 F Road
Loxahatchee FL 33470

TITLE
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Winston Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2002

Other

Daytime Phone #