## 2003 FOR PROFIT CORPORATION

P99000042435

## **UNIFORM BUSINESS REPORT (UBR)**

1. Entity Name

DOCUMENT #



**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90246 010 \*\*\*150.00

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PALMS WEST PROPERTIES, INC.									
Principal Place of Business Mailing Address 2131 F ROAD 2131 F ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470					1				
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ace of Business	3. Mai	ling Address				E IBRESANT IIN ENITO IRIST ODGIL ANTIS ODISE RUESE	J   <b>                                   </b>		H BEII IDEI
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING	CHANC	GES	
	City & State				4.	FEI Number <b>65-0919069</b>		<del>- }</del>	ed For
Country	Zip		ry	5. (	Certificate of Status Desired			onal	
6. Name and Address of Current	Registere	ed Agent			7. N	Name and Address of New Registered	Agent	~	
NSTON A									
DAVIS, WINSTON A 2131 F ROAD			Street Address (P.O. Box Number is Not Acceptable)						
CHEE FL 33470			ſ						
				City		FL	Zip	Code 1	
	r the purp	ose of changing its re	egistere	d office or register	ed age	ent, or both, in the State of Florida. I am	familiar v	vith, an	accept
ons or registered agent.									
Signature, typed or printed name of registered agent	and title if app	slicable. (NOTE: F	Registered	Agent signature required	when re	pinstating) DATE			
LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State					Election Campaign Financing     Trust Fund Contribution.			
OFFICERS AND	DIRECTO	RS	11,		AD	DITIONS/CHANGES TO OFFICERS AN	DIREC	TORS II	V 11
DPST WINSTON, DAVIS A 2131 F ROAD LOXAHATCHEE FL 33470		Delete	NAME STREE	ET ADDRESS			☐ Char	nge (	Addition
	<u> </u>	□ Delete	NAME STREE	ET ADDRESS			☐ Cha	nge [	Addition
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		☐ Delete	NAME STREE	T ADDRESS		:	☐ Char	nge [	Addition
		☐ Delete	NAME STREE CITY-	T ADDRESS ST-ZIP					Addition
	country  G. Name and Address of Current  NSTON A  CHEE FL 33470  Chee FL 33470	e of Business  E FL 33470  Acce of Business  Acceptable to Florida Department of State  OFFICERS AND DIRECTO  DPST  WINSTON, DAVIS A 2131 F ROAD  LOXA  LOXA  Mailin  2131  LOXA  Acceptable to Florida Department of State  OFFICERS AND DIRECTO  DPST  WINSTON, DAVIS A 2131 F ROAD  LOXAHATCHEE FL 33470	Ace of Business  2131 F ROAD LOXAHATCHEE FL 33470  Ace of Business  3. Mailing Address #, etc.  City & State  Country  Zip  G. Name and Address of Current Registered Agent  NSTON A AD CHEE FL 33470  ACC DESCRIPTION OF THE PROPERTY OF THE	Address 2131 F ROAD LOXAHATCHEE FL 33470  Ace of Business  #, etc.    Suite, Apt. #, etc.	Address  If I 33470  I STON A  ACCOUNTRY  COUNTRY  ACCOUNTRY  COUNTRY  COUNTRY  AND  CITY  COUNTRY  CO	Address 2131 F ROAD LOXAHATCHEE FL 33470  The property of the purpose of changing its registered office or registered agent and stord inspiration. Street Address (P.C. E. P. Street Ad	Malling Address 2191 F ROAD LOXAHATCHEE FL 33470  COUNTY  Zip  Country  Zip  Country  Zip  Country  Size Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Internal ental submits this statement for this purpose of changing its registered office or registered agent, or both, in the State of Florids. Lam note of registered agent.  STON A  AD  WHEE FL 33470  City  FL  Internal ental submits this statement for this purpose of changing its registered office or registered agent, or both, in the State of Florids. Lam note of registered agent.  STON A  AD  WHEE FL 33470  City  FL  Internal ental submits this statement for this purpose of changing its registered office or registered agent, or both, in the State of Florids. Lam note of registered agent.  City  FL  Internal ental submits this statement for this purpose of changing its registered deprice worked when weating  OHE  LE NOW!!!  Now Internal Ental State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND  Delete  INTERNAL  NAME SINET ADDRESS  CITY 51-2P  Delete  INTERNAL  NAME SINET ADDRESS  CITY 51-2P  Delete  TITLE  N	Asiling Accreases 23 F. ROAD LOXAHATCHEE FL 33470  COUNTY  Zp COUNTY  Zp COUNTY  Zp COUNTY  Zp COUNTY  S. Certificate of Status Desired See Fee Rec Sulfa, Act. 4, etc.  City 4 State  4. FFI Number 65-0919069  S. Certificate of Status Desired See Fee Rec Sulfa, Act. 4, etc.  City 4 State  7. Name and Address of New Registered Agent Name Stront Address of Current Registered Agent Name Stront Address (PO. Box Number is Not Acceptable)  City FL Zp  C	Tot Business

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: \_

-29-03 (541) 795.3712