

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066498

1. Entity Name

PALM BEACH CAPITAL SERVICES GROUP, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90325 033 ***150.00

Principal Place of Business

224 DATURA ST.,STE.315
WEST PALM BEACH FL 33401

Mailing Address

224 DATURA ST.,STE.315
WEST PALM BEACH FL 33401

2. Principal Place of Business

120 S OLIVE AVENUE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 204

City & State

WEST PALM BEACH, FL.

City & State

Zip
33401

Country
US

Zip

Country

4. FEI Number 65-0938028

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

ARNOLD, ROBERT
224 DATURA ST.,STE.315
WEST PALM BEACH FL 33401

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 ☐ Delete
NAME D
STREET ADDRESS KIRKPATRICK, MICHAEL
CITY-ST-ZIP 224 DATURA ST.,STE.315
WEST PALM BEACH FL 33401

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS KIRKPATRICK, MICHAEL
CITY-ST-ZIP 120 S OLIVE AVENUE, SUITE 204
WEST PALM BEACH, FL. 33401 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME D
STREET ADDRESS ARNOLD, ROBERT J
CITY-ST-ZIP 224 DATURA ST.,STE.315
WEST PALM BEACH FL 33401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME V/S/T
STREET ADDRESS WILSON, KATHRYN
CITY-ST-ZIP 120 S OLIVE AVENUE, SUITE 204
WEST PALM BEACH, FL 33401 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)