

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90070 045 \*\*\*150.00

**DOCUMENT # P99000066498**

**1. Entity Name**  
**PALM BEACH CAPITAL SERVICES GROUP, INC.**



**Principal Place of Business**  
**120 S OLIVE AVENUE**  
**SUITE 204**  
**WEST PALM BEACH FL 33401**

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



**2. Principal Place of Business**

**5725 CORPORATE WAY**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**WEST PALM BEACH**

Zip

**33407**

Country

**USA**

**3. Mailing Address**

**5725 CORPORATE WAY**

Suite, Apt. #, etc.

**SUITE 101**

City & State

**WEST PALM BEACH**

Zip

**33407**

Country

**USA**

☐ CHECK HERE IF MAKING CHANGES

**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**

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

**7. Name and Address of New Registered Agent**

Name

**ARNOLD, ROBERT**

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

**215 SOUTH OLIVE AVENUE**

**SUITE 200**

City

**WEST PALM BEACH**

FL

Zip Code

**33401**

**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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD** ☐ Delete  
**NAME KIRKPATRICK, MICHAEL**  
**STREET ADDRESS 120 S OLIVE AVENUE SUITE 204**  
**CITY-ST-ZIP WEST PALM BEACH FL 33401**

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

**TITLE VST** ☒ Delete  
**NAME VINSON, JEANIE**  
**STREET ADDRESS 120 S OLIVE AVENUE SUITE 204**  
**CITY-ST-ZIP WEST PALM BEACH FL 33401**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PD** ☒ Change ☐ Addition  
**NAME KIRKPATRICK, MICHAEL**  
**STREET ADDRESS 5725 CORPORATE WAY, SUITE 101**  
**CITY-ST-ZIP WEST PALM BEACH, FL 33407**

**TITLE D** ☒ Change ☐ Addition  
**NAME ARNOLD, ROBERT J.**  
**STREET ADDRESS 215 SOUTH OLIVE AVENUE, SUITE 200**  
**CITY-ST-ZIP WEST PALM BEACH, FL 33401**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03 28 2007**

Date

Daytime Phone #

CR2E034 (10/02)