

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071666

1. Entity Name

PALM ISLAND TRADING CO.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90175 037 \*\*\*150.00

603114



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3216 EAST BAY DRIVE  
HOLMES BEACH FL 34217

3216 EAST BAY DRIVE  
HOLMES BEACH FL 34217-2031

2. Principal Place of Business

217 Beach Road

3. Mailing Address

217 Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sarasota, Florida

City & State  
Sarasota, FL

4. FEI Number  
65-0940988

Applied For  
Not Applicable

Zip  
34242

Country  
USA

Zip  
34242

Country  
USA

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

WIGELSWORTH, BRIAN  
3216 EAST BAY DRIVE  
HOLMES BEACH FL 34217

Name  
Brian Wigelsworth  
Street Address (P.O. Box Number is Not Acceptable)  
217 Beach Road  
City  
Sarasota FL Zip Code  
34242

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

BRIAN L. WIGELSWORTH 1-12-00  
(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, 2000 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	President Trudy Wigelsworth 7919 4th Ave. W. Bradenton, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian Wigelsworth 7919 4th Ave. W. Bradenton, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

1-12-00 941-312-9230  
Date Daytime Phone #

CR2E034 (9/99)