

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073072

1. Entity Name

PALMER'S CABINET DESIGNS, INC.



FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90007 025 ***550.00

Principal Place of Business

306 PRAIRIE DUNE WAY
ORLANDO FL 32828

Mailing Address

306 PRAIRIE DUNE WAY
ORLANDO FL 32828

2. Principal Place of Business

6649 Amory Ct.

Suite, Apt. #, etc.

SUITE #12

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Address

6649 Amory Ct.

Suite, Apt. #, etc.

SUITE #12

City & State

Winter Park, FL

Zip

32792

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3592346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, RYAN R
306 PRAIRIE DUNE WAY
ORLANDO FL 32828

7. Name and Address of New Registered Agent

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

Ryan Palmer

PRESIDENT

7/30/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PALMER, RYAN R
306 PRAIRIE DUNE WAY
ORLANDO FL 32828

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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:

Ryan Palmer

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/30/00

Date

407-673-9099

Daytime Phone #

CR2E034 (5/00)